

ED DEC 4 1943

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 2635

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
164 N. Florissant Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 yrs (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 164 N. Florissant Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Beery Blackburn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George W. Blackburn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Celina Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Beery
13. Birthplace Bremen Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susan Blasser
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances Blackburn

(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 11/28/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director L. E. White

(b) Address Ferguson, Missouri.

19. NOV 29 1943 (b) C. G. Mc Gowan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25,
year 1943 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from 4/2/37, 19____ to 11/25/43, 19____;
that I last saw her alive on 11/24/43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 2 wks.
Acute heart failure

Due to Hypertensive cardio-vascular disease ?

Due to Arteriosclerosis ?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. A. J. Fothergill (M. D. or other) _____
Address 462 N. Taylor Date signed 11/27/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 26 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *P. M. White*

Licensed Embalmer No..... *3973*

P. O. Address..... *Ferguson, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.