No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 22444

Registrar's No. 1462

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elms Convalesent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County St. Louis

(c) City or town Jennings 96
(If outside city or town limits, write "RURAL")

(d) Street No. Elms Convalesent Home 0 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Eudora Blackburn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Samuel Blackburn

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 7 (Day) 1858 (Year)

8. AGE: Years 85 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Indiana. (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Leatherman

13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country) 1

14. Maiden name Carolyn Bradshaw

15. Birthplace Unknown (City, town, or county) Ind. (State or foreign country) 1

16. (a) Informant Charles Blackburn

(b) Address 2816 Abner Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUL 8 - 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 1, 1942 to July 5, 1944, that I last saw her alive on July 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs?
Due to:	
Due to:	
Other conditions: arteriosclerosis (Include pregnancy within 3 months of death)	10 yrs?

Major findings:
Of operations 9 d
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Eugene L. Arnold (M. D. or other) MD

Address 1449 McLaran Date signed 7/5/44

(Licensed Embalmer's Statement on Reverse Side)

1449 McLaren Ave. Ladesd
6 - 8 P.M.

No office hours on Thursday

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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

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