

S. No. 2
4-3-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22835

FILED AUG 8 1944 318
Registration District No.

Primary Registration District No. 1003 Registrar's No. 6707

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution. 6 days Specify whether _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME GEORGE WASHINGTON BLACKBURN
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife. Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. December 19 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 8 hr. _____ min.

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

10. Usual occupation Street Sweeper

11. Industry or business _____

MOTHER FATHER { 12. Name Edward L. Blackburn
13. Birthplace Evansville Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant G.D. Blackburn
(b) Address 1122 N. 5th St., St. Charles, Mo.

17. (a) Burial (b) Date thereof 7-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 31 1944 (b) J. F. Bredsch
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Malden 3
(If outside city or town limits, write "RURAL") NR.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1944 hour 10 minute 10A M.

21. I hereby certify that I attended the deceased from July 21 1944 to July 27 1944
that I last saw him alive on July 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease Duration _____

Due to _____
Due to _____
93

Other conditions Benign hypertrophy prostate
(Include pregnancy within 3 months of death)

Major findings: Operated 7-22-44
Of operations Benign hypertrophy of prostate
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:

(c) Accident, suicide, or homicide (specify) _____
(d) Date of occurrence _____
(e) Where did injury occur? _____ (City or town) (County) (State)
(f) 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 _____

23. Signature M. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 7/27/44

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

John Agnewsky
.....
Licensed Embalmer No. *3398*

P. O. Address.....

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.