V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26074

State File No.

FILED AUG 21 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7105

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO.

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

(c) Name of hospital or institution: 2917 / HOWARD ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community (10 yrs)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 000 17

(c) City or town ST. LOUIS, 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 HOWARD ST.
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME SUSIE BLACKMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMAL

5. Color or race COL 3

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 WIDOWED

6. (b) Name of husband or wife DECEASED

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased SEPT. (Month) - 21 (Day) - 1877 (Year)

8. AGE: Years 66 ~~66~~ Months 10 ~~Days~~ 20 ~~22~~ If less than one day hr. min.

9. Birthplace GOLDBURGH (City, town, or county) / N. CAROLINA / (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business "

FATHER
12. Name JIM FORT
13. Birthplace NORTH CAROLINA / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSETTA MOORE
15. Birthplace NORTH CAROLINA / (City, town, or county) (State or foreign country)

(a) Informant [illegible]

(b) Address 2917 HOWARD ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 (Month) - 17 (Day) - 44 (Year)

(c) Place: burial or cremation WASHINGTON PK. CEM.

18. (a) Signature of funeral director Allen + Cartwright

(b) Address 4204 W. FINNEY AVE.

19. (a) AUG 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

AUG 15 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day ~~Aug~~ 11 a year 1944 hour 9 30 minute 18 M.

21. I hereby certify that I attended the deceased from Aug. 9 Aug 11, 1944 to , 1944 that I last saw her alive on Aug 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Chronic Myo-D-Condition

Due to 9 30

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Rheumatism

Of autopsy

Duration

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

23. Signature [illegible] (M. D. or other)

Address 2742 [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Signed [illegible]

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas

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.