

S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28698

FILED SEP 9 1944

State File No. 0

Registration District No. 317

Primary Registration District No. 2070

Registrar's No. 1829

1. PLACE OF DEATH:

(a) County St. Louis County, Mo.

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

(c) Name of hospital or institution:
Glenwood Sanitarium.
(If in hospital or institution, write street number or location)
300 Grant Road.

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,

(c) City or town Webster Groves,
(If outside city or town limits, write "RURAL")

(d) Street No. 457 Hawthorne,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JASPER BLACKBURN.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Margaret M. Blackburn. 6. (c) Age of husband or wife if alive 74. years

7. Birth date of deceased August 31, 1869.
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

75. 0. 0. hr. min.

9. Birthplace Shelby County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Bres., Blackburn Products Co., Electrical Supplies.

11. Industry or business _____

12. Name William F. Blackburn.

13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Jane Ely.

15. Birthplace Rolls County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret M. Blackburn.

(b) Address 457 Hawthorne Ave.,

17. (a) Removal (Motor) (b) Date thereof 9/3/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunnewell, Mo.,

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Plv'd.

19. (a) SEP 2 - 1944 (b) E. M. Gorman
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1944 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug. 22 1944 to Aug. 31st 1944
that I last saw him alive on Aug. 31st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial insufficiency 2

Due to _____

Due to _____

Other conditions Dialysis & hypertension 3
(Include pregnancy within 3 months of death)
Arteriosclerosis

Major findings: _____

Of operations 61

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? _____

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

23. Signature Paul James M.D. (M. D. or other)

Address 1300 Grant Road Date signed 8-31-44
Webster Groves

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

96
7
4

96
7
4

707 (Licensed Embalmers' Statement on Reverse Side)

Dr. Paul Nines.
1300 Grand Rd.
RE-3200

FEB 1 1945

OCT 21 1948

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, 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.