V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

#39664

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7509

Registrar's No. 2774

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 S. Grand Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CALEB LEE BLACKFORD

3. (b) If veteran, name war No

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Laura Blackford

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

7. Birth date of deceased Sept. 13, 1867
(Month) (Day) (Year)

8. AGE: Years 77 | Months ~~2~~ 6 | Days ~~10~~ 14 | If less than one day ... hr. ... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Watchman (retired)

11. Industry or business

FATHER
12. Name J. T. Blackford
13. Birthplace (City, town, or county) Pa. 1 (State or foreign country)

MOTHER
14. Maiden name Margaret Rush
15. Birthplace (City, town, or county) Pa. 1 (State or foreign country)

16. (a) Informant Mrs. D. Tarbell,
(b) Address 1310 E. McMillan, Cincinnati, O.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director CRAIG
(b) Address 4468 Washington (8)

19. (a) MAR 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27th
year 1945 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from 3/6/45, 19..., to 3/27/45, 19...;
that I last saw him alive on 3/27/45, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused.

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 [signature] (M. D. or other) 0

Address 1515 Lafayette Date signed 3/27/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision..

Signed Philip W. Lemig

Licensed Embalmer No. 3281

P. O. Address 4468 Washington (8)

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.