

FILED MAR 23 1945

Registration District No. ....

Primary Registration District No. ....

1003

State File No. ....

Registrar's No. 2330

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

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17  
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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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
 (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.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4914 Lotus Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Ethel E. Blackwood

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Albert Blackwood 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 18 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	6	22	hr. min.

9. Birthplace Paragould Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Taylor Burrell

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

14. Maiden name Martha Spears

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

16. (a) Informant Albert Blackwood

(b) Address 4914 Lotus Ave.

17. (a) Removal (b) Date thereof 3-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) J. F. [Signature] (b) J. F. [Signature]  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
 year 1945 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 10 1945 to Mar 10 1945  
 that I last saw her alive on Mar 10 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Hemorrhage

Due to Myocardial Infarction (240/110)

Due to.....

Other conditions 850  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

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?

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

23. Signature W. W. [Signature] (M. D. or other)  
 Address 103 N. Burgoyne Highway Date signed 3-10-45

2330

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**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 H. Kopp*  
.....  
Licensed Embalmer No. *1861*

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.**