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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945
Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18012**
Registrar's No. 1193

Primary Registration District No. 3066

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
326 Aldridge St
(d) Length of stay: In hospital or institution.....
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 326 Aldridge St
(e) Citizen of foreign country? U.S.A.

3. (a) PRINT FULL NAME ACIE BLACKWELL JR
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Male 5. Color or race Coe
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 12 1944
8. AGE: Years 1 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Mo. 17
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Acie Blackwell, Cr.
13. Birthplace La Grange Tenn. 1
14. Maiden name Ruth Lane
15. Birthplace La Grange Tenn. 1

16. (a) Informant Acie Blackwell Cr.
(b) Address 326 Aldridge St.

17. (a) Burial (b) Date thereof 5-22 1945
(c) Place: burial or cremation Father Dehorns Care

18. (a) Signature of funeral director John H. Stembell
(b) Address 408 So. Elmore Ave. St. Louis

19. (a) MAY 28 1945 (b) E. B. McCaskey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19 year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Death without medical attendance to.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic rheumatic endocarditis of mitral valve
Duration.....

Due to.....
Due to..... 93c

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

Major findings: Of operations.....
Of autopsy Chronic rheumatic endocarditis of mitral valve
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?.....
(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 H. J. Proyfoske M.D.
Address 601 Brentwood Blvd. Date signed 5/22/45

JUN 22 1943

JUN 22 1943

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.

Not embalmed



Signed.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317

Primary Registration District No. 3066

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME April Blackwell Jr.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased April 12 (Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant.....
(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) (Date received local registrar)..... (b) E. E. McConan (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(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..... day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to..... 19.....
that I last saw him..... alive on..... 19.....
And that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

18012