

FILED JUL 14 1945
318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 14 days**
(Specify whether years, months or days)
In this community **3 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **None**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1027 N. Pendleton**
(If rural, give location)
(e) Citizen of foreign country? **None** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME **James Blackman**

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

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

6. (b) Name of husband or wife **Mary Blackman** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Aug 6, 1877**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **Nashville, Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Restaurant**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Annie Osborne**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Blackman**
(b) Address **1027 N. Pendleton Ave**

17. (a) **Burial** (b) Date thereof **July 2, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **E. W. Nash**
(b) Address **111 N 13th & Florida St**

19. (a) **JUN 28 1945** (Date when local registrar) (Registrar's signature) **J. H. Brubaker**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**, year **1945** hour **12** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **May 9, 1945** to **June 23, 1945**

that I last saw him alive on **June 23, 1945**; and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis (far advanced) Undet.**

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 **Alma Moore** (M. D. or optician)
Address **2601 N. Whittier** Date signed **6/25/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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: _____

C. J. Cook

Licensed Embalmer No. *2432*

P. O. Address *11121 12th St*

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.