

5-17-39
I X3667

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

9825

FILED MAR 30 1946
318
Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
en route City Hospital 3
(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 Harvey Blackwell

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Elizabeth Blackwell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 7, 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 11 If less than one day
hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business

MOTHER FATHER { 12. Name William Blackwell
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cummings
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. P. Settle
(b) Address Bonne Terre, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-21-46
(Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hobbe
(b) Address 4700 Washington Avenue

19. (a) MAR 20 1946 (Date received local registrar) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 219
(d) Street No. 1421 Hogan Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day March
year 1946 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Crown Aneurysm Duration _____
Due to Atherosclerosis
Due to HTA
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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) (a) Means of injury 3
23. Signature Alfred J. Perry (M. D. or other) 3
Address Deputy Coroner Date signed 3-20-46

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.....

Henry M. Branner

Licensed Embalmer No.....

4200

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.