

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 3 1946

STANDARD CERTIFICATE OF DEATH

21542

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 5603

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: 2331 Scott Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 yrs (Specify whether years, months or days)
In this community 43 yrs

3. (a) PRINT FULL NAME Lisha Blackwell

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 5th 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St Charles Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

12. Name Limp Hardy
13. Birthplace St Charles Co mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Alexander
15. Birthplace Howard Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sedalia Hicks
(b) Address 2420 E. Newstead Ave

17. (a) Burial (b) Date thereof 6-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. Randle Pison

(b) Address 3133 Bell Ave

19. JUN 25 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2011
(c) City or town St. Louis 2217
(If outside city or town limits, write "RURAL")
(d) Street No. 2331 Scott Ave 9
(If rural, give location) 10
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-3- 1946 to 6-20 1946
that I last saw her alive on June 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to Unknown

Other conditions (Include pregnancy within 3 months of death) 92

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) (c) Means of injury —

23. Signature J. Randle Pison M. D. or other —
Address 2420 E. Newstead Ave Date signed 6-29-46

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.....

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.