. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25055

FILED JUL 26 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6276

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Baptiste (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 1/2 Wks. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County O.C.
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 378 N. Taylor Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William W Blackburn
3. (b) If veteran, name war World # 1
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 20th. 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	0	25	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Contractor
11. Industry or business Self.
12. FATHER Name James W Blackburn
13. FATHER Birthplace (City, town, or county) Mo (State or foreign country)
14. MOTHER Maiden name Lucy Loney
15. MOTHER Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Grace Blackburn
(b) Address 378 N. Taylor Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemt.
18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.
19. (a) JUL 16 1946 (Date received by local registrar) J. F. Bruscek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th. year 1946 hour 11:50 A.M. minute M.
21. I hereby certify that I attended the deceased from 7 May 1946, to 15 July 1946, that I last saw him alive on 15 July 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis generalized	2 mos.
Due to Carcinoma of stomach	6 mos?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Ca of stomach c̄ metastases everywhere

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

23. Signature Truman G. Drake (M. D. or other)
Address 114 N. Taylor Ave. Date signed 15 July '46

(Licensed Embalmer's Statement on Reverse Side)

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. Brammer

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.