

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28449

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2251

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4822 St. Louis Ave
(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 Glenn W. Blackwell

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

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

7. Birth date of deceased July 27, 1922
(Month) (Day) (Year)

8. AGE: Years Months Days 24 0 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Bench Electrician

11. Industry or business Security Fire Door

12. Name Walter Blackwell

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

14. Maiden name Stella Hoyt

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

16. (a) Informant Mrs Stella C. Blackwell

(b) Address 4822 St. Louis Ave

17. (a) Burial (b) Date thereof 8/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 21 1946
(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4822 St. Louis Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20,
year 1946 hour 2:10 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 7/24, 1946, to 8/20, 1946,
that I last saw him alive on 8/19,
and that death occurred on the date and hour stated above.

Immediate cause of death Chen water heart disease Duration 3 mo
Due to Acute Nephritis 2 mo

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) no.
(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) Place of injury _____

23. Signature Charles W. Harris (M.D. or other)
Address 5398 1/2 Ave Date signed 8/20/46

(Licensed Embalmer's Statement on Reverse Side)

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

Raymond F. Hermann
Licensed Embalmer No. *4266*

P. O. Address *St. Louis, Mo.*

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.