

FILED MAR 14 1948

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of townable)
 (c) Name of hospital or institution:
St. Johns Hospital
 (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 Charles W. Blackwell.

3. (b) If veteran, name war None 3. (c) Social Security No. 494-01-1685

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

6. (b) Name of husband or wife Elsie Blackwell. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 29, 1889.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 2 hr. min.

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

10. Usual occupation Instructor

11. Industry or business Public Service Co.

12. Name William R. Blackwell.

13. Birthplace Eureka, Missouri.
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Peterson.

15. Birthplace Balwin, Missouri.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Blackwell.

(b) Address 4008 Oakwood Avenue.

17. (a) Burial (b) Date thereof 3-8-1947.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) MAR 7 1947 (b) J. F. Ruedick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Pine Lawn 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4008 Oakwood Avenue. NR 10
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) ✓
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th.
 year 1947 hour 10.45 minute P.M. M.

21. I hereby certify that I attended the deceased from March 5, 1947 to March 5, 1947
 that I last saw him alive on March 5, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure 29 hrs.

Due to long-standing heart disease 3
plus pneumonia (Rt. lung) 3
 Due to _____

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

Major findings:
 Of operations _____

Of autopsy pneumonia consolidation
of Rt. lung - enlarged heart

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 0

23. Signature J. F. Ruedick M. D. or other _____
 Address 502 1/2 S. 1st Ave. Date signed 2/6/47

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.....

John Ketter

Licensed Embalmer No. 3880

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.