FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24111
Registrar's No. 6205

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Hosp. Mo Pacific 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2720 Rutger St 9
(If rural, give location) 22
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse E. Blackford
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Male 9
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine Blackford
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Nov. 16 (Month) ~~1894~~ (Day) 1896 (Year)

8. AGE: Years 51 ~~53~~ Months 7 Days 25 If less than one day hr. min.

9. Birthplace Horsey (City, town, or county) Ark. (State or foreign country) 1
10. Usual occupation Time Keeper
11. Industry or business Mo. Pac. Railroad
12. Name Unk. Blackford 9
13. Birthplace Unk. Sherrill (City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace " (City, town, or county) (State or foreign country) 9
16. (a) Informant Joseph Blackford
(b) Address 2415 Gilrose Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem
18. (a) Signature of funeral director Witt Bros L & N Co
(b) Address 2929 S. Jefferson Av.
19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MOTHER FATHER

Call by Mr. Stolle 9-14-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour 9:30 minute ~~10~~ A.M.

21. I hereby certify that I attended the deceased from 1, 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 Chronic Coronary Heart Disease Coronary Occlusion
Due to
Due to 94
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 3

23. Signature Thomas F. Collins (M.D. or other)
Address Coroner Date signed 7-13-48

Jefferson City Printing Co.

(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 D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 So. Jefferso

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 6205

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
Jesse E. Black for, who, upon ..... oath, states that the original record of birth/death for Jesse E. Black for, died/born 7-11-, 1948 in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 7 should read 11 - 16 - 1896
Instead of 11 - 16 1894
Item No. 8 should read age 51
Instead of " 53
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Witt Bros. Edgar F. Witt Secy
Relationship.

2929 S. Jefferson
Present Address.

Subscribed and sworn to before me this 21 day of July, 1948.

My Commission expires 3-4-49 Cecil Paddock Notary Public.

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