

FILED MAY 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13600
Registrar's No. 3558

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>2 year</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>1627 Chestnut st.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1627 Chestnut st.</u> | | | d. STREET ADDRESS (If rural, give location) <u>1627 Chestnut st.</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dovie</u> b. (Middle) <u>Blackman</u> c. (Last) <u>Blackman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 18 1949</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr 18- 1892</u> | 9. AGE (In years) last birthday <u>57</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Miss /</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|-----------------------------------|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Vaugh</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry Blackman</u> | |
|-----------------------------------|--|---|--|---|--|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah Colbert 3030 Pine</u> | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperextension Heart Disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>93d</u> | |
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|--|--|--|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>443X</u> | | |
|--|--|--|--|--|--|

22. I hereby certify that I attended the deceased from 3-2, 1948, to 4-16, 1949, that I last saw the deceased alive on 4-16, 1949, and that death occurred at 10³⁰ a.m., from the causes and on the date stated above.

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|---|--|--------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>4242 Easton Ave.</u> | | 23c. DATE SIGNED <u>4-19-49</u> | |
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|--|----------------------------|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Apr 21-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Starksville</u> | | 24d. LOCATION (City, town, or county) (State) <u>Miss</u> | |
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|---|--|--|---|--|--|
| DATE REC'D BY LOCAL REG. <u>APR 20 1949</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Hughes 2620 Lawton</u> | | |
|---|--|--|---|--|--|

WRITE PLAINLY--USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Lyda Hughes
Licensed Embalmer No. 2938

Signed
Student Embalmer

P. O. Address St. Louis

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.