

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1950

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State File No. 28014

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 7592

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri BAPTIST Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169
 d. STREET ADDRESS (If rural, give location) 3174 S. COMPTON

3. NAME OF DECEASED (Type or Print)
 a. (First) LOU b. (Middle) - c. (Last) BLACKFORD
 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 7 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH SEPT. 25, 1877 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT Home 11. BIRTHPLACE (State or foreign country) TEXAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME _____ 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE JOSEPH BLACKFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Joseph BLACKFORD ADDRESS 3174 S. COMPTON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Caecum MEDICAL CERTIFICATION _____ INTERVAL BETWEEN ONSET AND DEATH 2 mps.
 ANTECEDENT CAUSES _____
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 Morbid 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.) _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from you 9:50 AM, to Sept 7, 1950, that I last saw the deceased alive on 9-7- 1950, and that death occurred at 9:05 AM, from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Carney MD (Degree or title) 23b. ADDRESS 706 Olive 23c. DATE SIGNED 9-7-50

24a. BURIAL, CREMATION, REMOVAL BURIAL 24b. DATE SEPT. 11 1950 24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL SEP 7 1950 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2916 Harris ADDRESS _____

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *James E. Bell*

Signed.....
Student Embalmer .

Licensed Embalmer No. *4347*

P. O. Address *2906 Spruce*

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.