

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32751

No. 300
10.48

RECEIVED 1. 1952

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

Registrar's No. 8737

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>In route to Home L. Phillips</i>		d. STREET ADDRESS (If rural, give location) <i>1156 Leonard St</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Berlin</i> b. (Middle) <i>Blair</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 14 1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-11-1907</i>
9. AGE (In years last birthday) <i>45</i>		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work during part of working life, when retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>laborer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Rocky Mount, Tenn</i>
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Williams Blair</i>	
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Mathie Blair</i>	
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. <i>408-12-8224</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mary Sue Blair</i>		ADDRESS <i>3446 Indiana Chicago Ill</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shotgun wounds of mouth</i> ANTECEDENT CAUSES <i>suicide when shot with gun in the hands of one Babbar (Cal) in home at 1156 N. Leonard</i> DUE TO (b) <i>gun wound 7:40 P.M. Sept 14 1952</i> 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Home</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9-14-1952-7:40</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Shooting</i>		E981X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:40 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>9/18/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>shipped</i>		24b. DATE <i>Sept 20 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Good Hope Center</i>		24d. LOCATION (City, town, or county) (State) <i>East Memphis - Tenn</i>	
DATE REC'D BY LOCAL REG. <i>SEP 18 1952</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. D. Burk</i> ADDRESS <i>Southern Meeting 3506 Franklin St</i>	

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Yandell

Licensed Embalmer No. 4243

P. O. Address Webster Grove, 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.