

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4199

State File No. \_\_\_\_\_

FILED JAN 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 0043

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saint Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u> c. LENGTH OF STAY (In this place) <u>9 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lix Avenue</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u> d. STREET ADDRESS (If rural, give location) <u>311 Lix Ave</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>JOHN HENRY BLACKWELL</u> a. (First) b. (Middle) c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 4 1953</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Col</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>1 Aug 1886</u>	<b>9. AGE</b> (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months Days IF UNDER 11 HRS: Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Barber</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Barber Shop</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Brunswick, Tenn</u>	
<b>13a. FATHER'S NAME</b> <u>John H. Blackwell</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bettie Taylor</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Katie Blackwell</u>

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>412 05 8303</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Katie Blackwell, Kinloch, Mo.</u>	
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>arteriosclerotic Cardiovascular Disease</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>marked Cardiac enlargement</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>H2212</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>?</u>  <u>?</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 12-22, 1952 **to** 12-29, 1952 **that I last saw the deceased alive on** 12-29, 1952, **and that death occurred at** 1:00 A m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Robert H. A. O.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>601 S. Brentwood, Clayton</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>8 Jan 53</u>
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memphis, Tenn</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Memphis, Tenn</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>1-7-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Hester R. D. ...</u>
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Boyd Bros, Kinloch, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....

Student Embalmer

Signed

*Edward A. Flynn*

Licensed Embalmer No.

*4444*

P. O. Address

*St. Louis B. 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.