

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16703

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 36

2950  
3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural St. Genevieve</u>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis 2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 25 near Bloomsdale, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>2012 1/2 Senate ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vera</u> b. (Middle) <u>Gertrude</u> c. (Last) <u>Blackwell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 20, 1882</u>	9. AGE (In years last birthday) <u>60</u> if under 1 year Months _____ Days _____ if under 28 hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Valley Shoe Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>George Storey</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Cecil M. Blackwell</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>495-26-7534</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Delmer Blackwell</u>	ADDRESS <u>2210 Hann. Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verdict Pending</u>		
	ANTECEDENT CAUSES Died while being a passenger in a 1953 Dodge driven by Thomas J. Martin, caused by a broken neck and apparently internal injuries.		
II. OTHER SIGNIFICANT CONDITIONS Injuries and Death caused by Accidental Death.			

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 25</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>St. Genevieve Township - St. Genevieve - Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>May 3 1953 6:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>
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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 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jerome A. Stauber, 3. Promer</u>	23b. ADDRESS <u>St. Genevieve - Mo</u>	23c. DATE SIGNED <u>5-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 4, 1953</u>	REGISTRAR'S SIGNATURE <u>Paul Basler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Bro. &amp; U. G.</u>	ADDRESS <u>2929 S. Jefferson</u>
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**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

*D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 S. Jefferson*

**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.