

L. M.
FILED JAN 5 1954THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44094**
Registrar's No. **11798**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 Months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			d. STREET ADDRESS (If rural, give location) 23 2166 Lafayette		
3. NAME OF DECEASED (Type or Print) a. (First) Claude (E)		b. (Middle) _____	c. (Last) Blackmore	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 2 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Public Service Co	10b. KIND OF BUSINESS OR INDUSTRY Service Co	11. BIRTHPLACE (City and State or Foreign Country) Foley Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edgar Blackmore		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Anna (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-20-6148	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Deachan 4355 Holly Hills		
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) Lobar Pneumonia; fracture right femur and pelvis.				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) suffered when struck by automobile driven by due				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lloyd Mc Kinnon St the intersection of Jefferson and Lafayette approx 100 yards?				
19a. DATE OF OPERATION Sept 19 1953	19b. MAJOR FINDINGS OF OPERATION Accident				YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 19 53 1 A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F8124			
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 4:08 P. m. , from the causes and on the date stated above. 25					
22a. SIGNATURE (Degree or title) Catrick E Taylor Coroner			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 12/14/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/14/53	24c. NAME OF CEMETERY OR CREMATORY Highland Praire	24d. LOCATION (City, town, or county) (State) Ethlyn Mo.		
DATE REC'D BY LOCAL REG. DEC 14 1953	REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec		

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

Jack Haupt

Licensed Embalmer No. *4746*

P. O. Address *St Louis 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.