

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 23 1954

XC1489106

REG #116879

BIRTH NO.

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 500Registrar's No. 589

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>4044 WESTMINSTER</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FELTON</u> b. (Middle) <u>E.</u> c. (Last) <u>BLACKBURN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-54</u>
5. SEX <u>MALE</u>	6. COLOR (OR RACE) <u>WHITE</u>	7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify?) <u>DIVORCED</u>	8. DATE OF BIRTH <u>3-6-91</u>
9. AGE (In years last birthday) <u>63</u>	If under 1 Year Months Days	If under 24 Hours Min.	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>STATESBORO, GA.</u>
13a. FATHER'S NAME <u>GEORGE S. BLACKBURN</u>		13b. MOTHER'S MAIDEN NAME <u>LULU BRANNEN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW I</u>	16. SOCIAL SECURITY NO. <u>264073088</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES 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. <u>ARTERIOLAR NEPHROSCLEROSIS</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-15-54</u> , 19 <u> </u> , to <u>3-7-54</u> , 19 <u> </u> , and that death occurred at <u>1:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Howard Hartman, M.D.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>VAH JEFF BRKS, MO.</u>	23c. DATE SIGNED <u>3-7-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATL. CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>JEFF. BRKS. MO.</u>
DATE REC'D BY LOCAL REG. <u>3/8/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SOUTHERN FUNERAL HOME</u>	
		ADDRESS <u>6322 S. GRAND</u>	

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.....
Signature of Student Embalmer

Signed *James J. Weyland Jr.*
.....

Licensed Embalmer No. 4579

P. O. Address 1322 So. 11th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.