

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28774

7320

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Affton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				f. STREET ADDRESS (If rural, give location) <b>9220 Hale Dr.</b>			
3. NAME OF DECEASED (Type or Print) <b>Cora</b>		a. (First)		b. (Middle) <b>Alice</b>		c. (Last) <b>Blackwell</b>	
4. DATE OF DEATH <b>August 6 1954</b>		7. MARRIED, NEVER MARRIED? <b>Widow</b>		8. DATE OF BIRTH <b>Feb. 24, 1887</b>		9. AGE (In years last birthday) <b>67</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mill Springs, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Williamson T. Moss</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Pigg</b>	
14. NAME OF HUSBAND OR WIFE <b>Walter A. Blackwell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Nil.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Cunningham</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of pancreas</b>  ANTECEDENT CAUSES Morbidity 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.  19a. DATE OF OPERATION <b>8-5-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of pancreas</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>	
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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>157X</b>		22. I hereby certify that I attended the deceased from <b>7-30</b> , 19 <b>54</b> , to <b>8-6</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>8-6</b> , 19 <b>54</b> , and that death occurred at <b>7:13 Am.</b> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>M.D.</b>	
23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>8-6-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-8-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Piedmont, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 7 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 365

P. O. Address St. Louis

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.

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