

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43443

State File No.

BIRTH NO. 90487-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11350

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, Mo.		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		f. STREET ADDRESS (If rural, give location) 3842 Westminister <u>2199</u> <u>19</u>	
3. NAME OF DECEASED (Type or Print) a. (First) Karen b. (Middle) Sue c. (Last) Blackwell		4. DATE OF DEATH (Month) (Day) (Year) Dec 12 54	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH Nov 20, 1954	
9. AGE (In years last birthday) 3 Weeks		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Nil	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Ralph Blackwell		13b. MOTHER'S MAIDEN NAME Bernice Bettis	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ralph Blackwell	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchial Pneumonia Enlarged Heart - Since birth 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.		19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒	
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. HOW DID INJURY OCCUR? 7630	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>12-6</u> , 19 <u>54</u> , to <u>12-12</u> , 19 <u>54</u> that I last saw the deceased alive on <u>12-11</u> , 19 <u>54</u> and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 2700 Washington	
23c. DATE SIGNED 12-13-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12-13-54		24c. NAME OF CEMETERY OR CREMATORY Gatewood	
24d. LOCATION (City, town, or county) (State) Pocahontas Ark		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. DEC 13 1954		ADDRESS 4700 Washington	

(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.....
Signature of Student Embalmer

Signed..... *Paul A. Wacht*

Licensed Embalmer No. *476*

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.