

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6001**
Registrar's No. **1726**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1726	
1. PLACE OF DEATH a. COUNTY 2009 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION en route to home 4239 1313 So 8th St				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Charlie		b. (Middle) _____		c. (Last) Blackwell		4. DATE OF DEATH (Month) (Day) (Year) 2-17-55	
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 13, 1903	
9. AGE (In years last birthday) 51		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Peppie Miss	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Henry Blackwell		13b. MOTHER'S MAIDEN NAME Ethel Macvill		14. NAME OF HUSBAND OR WIFE Murrie L. Blackwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or date of service) 770		17. INFORMANT'S SIGNATURE OR NAME Murrie L. Blackwell		ADDRESS 1313 So 8th St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3rd Degree Burns of 65% of body; suffered when clothes of deceased was sprayed with oil when pressure base of gas kettle became disengaged and later ignited in the vicinity of 1310 Rutger St.				INTERVAL BETWEEN DEATH AND DEATH _____			
*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DEAD				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing the death. about 1020 am, July 7, 1955			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident		19c. TOXIC? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 7 56 10 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9173			
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 2:10 AM , from the causes and on the date stated above. 41							
23a. SIGNATURE (Degree or title) Patrick F. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-23-55		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Lemay Mo.	
DATE REC'D BY LOCAL REG. FEB 23 1955		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE W.A.H. Burks		ADDRESS 3506 Franklin	

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 *Leary A. Bannister*
Licensed Embalmer No. 450

P. O. Address 3880 E.C.

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.