

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19880
Registrar's No. 5006

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 MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER PHILLIPS HOSP.		d. STREET ADDRESS 22 2329 LASALLE. 2270	

3. NAME OF DECEASED (Type or Print) ELMO	a. (First)	b. (Middle)	c. (Last) BLAKE	4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 55
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 12, 1907	9. AGE (In years last birthday) 47	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACK LABORER	10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. R. R.	11. BIRTHPLACE (State or foreign country) STUGOT, ARK.	12. COUNTRY OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME MARTIN BLAKE	13b. MOTHER'S MAIDEN NAME HATTIE BEAUFORD	14. NAME OF HUSBAND OR WIFE LOTTIE BLAKE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 486-16-9024	17. INFORMANT'S SIGNATURE OR NAME Lottiel Blake	ADDRESS 2329 La Salle
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra cranial hemorrhage		DUE TO Fractured Skull; suffered in fall down stairs at home about 150 am, on June 7, 1955		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) same as above		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St Louis MO
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21d. TIME OF INJURY June 7 66 1:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9000
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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 _____ m., from the causes and on the date stated above. 21

23a. SIGNATURE Patrick P. Playton Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6.9.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-10-55	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG. JUN 9 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 1706 N. SARAH
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(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
Student Embalmer

Signed

Leroy W. Fannia

Licensed Embalmer No. *4523*

P. O. Address. *3880 Easton*

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.