

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **24837**
6482

FILED JUL 20 1956

318

PRIMARY REG. DIST. NO.: **1003** Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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		c. LENGTH OF STAY (in the place) 26 hrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 18 3104 Clark			
3. NAME OF DECEASED (Type or Print) Ernest		a. (First)		b. (Middle)		c. (Last) Blackwell	
4. DATE OF DEATH (Month) (Day) (Year) 7 7 56		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Oct 12, 1893		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 16 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Ark.				12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Boston Blackwell		13b. MOTHER'S MAIDEN NAME Ella		14. NAME OF HUSBAND OR WIFE ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes mdt		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hospital Records			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3314				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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-6- , 19 56 , to 7-7- , 19 56 , that I last saw the deceased alive on 7-7- , 19 56 , and that death occurred at 4:15 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh Waters, M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 7-9-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 13/56		24c. NAME OF CEMETERY OR CREMATORY National Cem		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. JUL 11 1956		REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE F. G. Shear ADDRESS 4214 Delmar			

(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.....

Licensed Embalmer No. 296

P. O. Address 4214 Delmon

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.