

FILED MAR 18 1957

1003 STATE FILE NUMBER  
1761

17967-51- Registration District No. 318 Primary Registration District No. Registrar's No.

Health, Welfare Public Service  
300 1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOMER C PHILLIPS</u>			Length of stay in lb		d. STREET ADDRESS <u>2257 913-N 17</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>VALERIA MADINE BLACKMAN</u>				Also known as <u>Valeria Black</u>		4. DATE OF DEATH Month <u>2</u> Day <u>19</u> Year <u>57</u>		
5. SEX <u>3 FEMALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 11 1906</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME <u>VIVIAN BLACKMAN</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>VIVIAN BLACK</u> Address <u>913 N 17th</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <u>Jerseuse Poisoning</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Suffered when deceased drank Jerseuse from a cup on the floor near stove in house July 19, 1957.</u>					
20c. TIME OF INJURY Hour <u>2</u> a. m. <u>19</u> p. m. <u>57</u>			20d. PLACE OF INJURY (e. g., in or about home, m, factory, street, office bldg, etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>St Louis Mo</u>		20e. PLACE OF INJURY (e. g., in or about home, m, factory, street, office bldg, etc.)	
21. I attended the deceased from <u>406 P.</u> to <u>881.0</u> and last saw her/him alive on <u>July 19, 1957.</u>				21. I attended the deceased from _____ to _____ and last saw her/him alive on _____				
22a. SIGNATURE <u>James M Kelly</u>			22b. ADDRESS <u>1300 Clark</u>			22c. DATE SIGNED <u>2-21-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-22-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BOARDALE</u>		23d. LOCATION (City, town, or county) (State) <u>LEMAU MO</u>		
24. FUNERAL DIRECTOR <u>JRESSLETT DENT</u> ADDRESS <u>4251 Washington</u>			25. DATE RECD. BY LOCAL REG. <u>FFB 21 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>			

**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 *Leroy U. Sarnis*.....

Licensed Embalmer No. *452*

P. O. Address *2616 Sarnis*

**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.**