

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PEARLILY, WITH OYRAPHING INSTRUMENTS TO A FINE POINT.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Group #1**)

File No. **14802**
 Registered No. **3996**
 St. Ward)

2. FULL NAME

(a) Residence, No. **1219 N. Prairie St.** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 - 1933		
7. AGE	YEARS	MONTHS
	1	1
		DAYS
		9
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	5
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

13. NAME **Frank Blackburn**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maryland**

15. MAIDEN NAME **Elise King**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT (ADDRESS) **Hopkins City Group #1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **Apr 20 1934**

19. UNDERTAKER (ADDRESS) **Wagener, Helderle 2331 S. Broadway**

20. FILED **Apr 21 1934** **J. J. Brecheet** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/18 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **4/10 1934** to **4/18 1934**
 I last saw him alive on **4/18 1934** Death is said to have occurred on the date stated above, at **10:30 am**.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
YOM
 Other contributory causes of importance:
1934

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

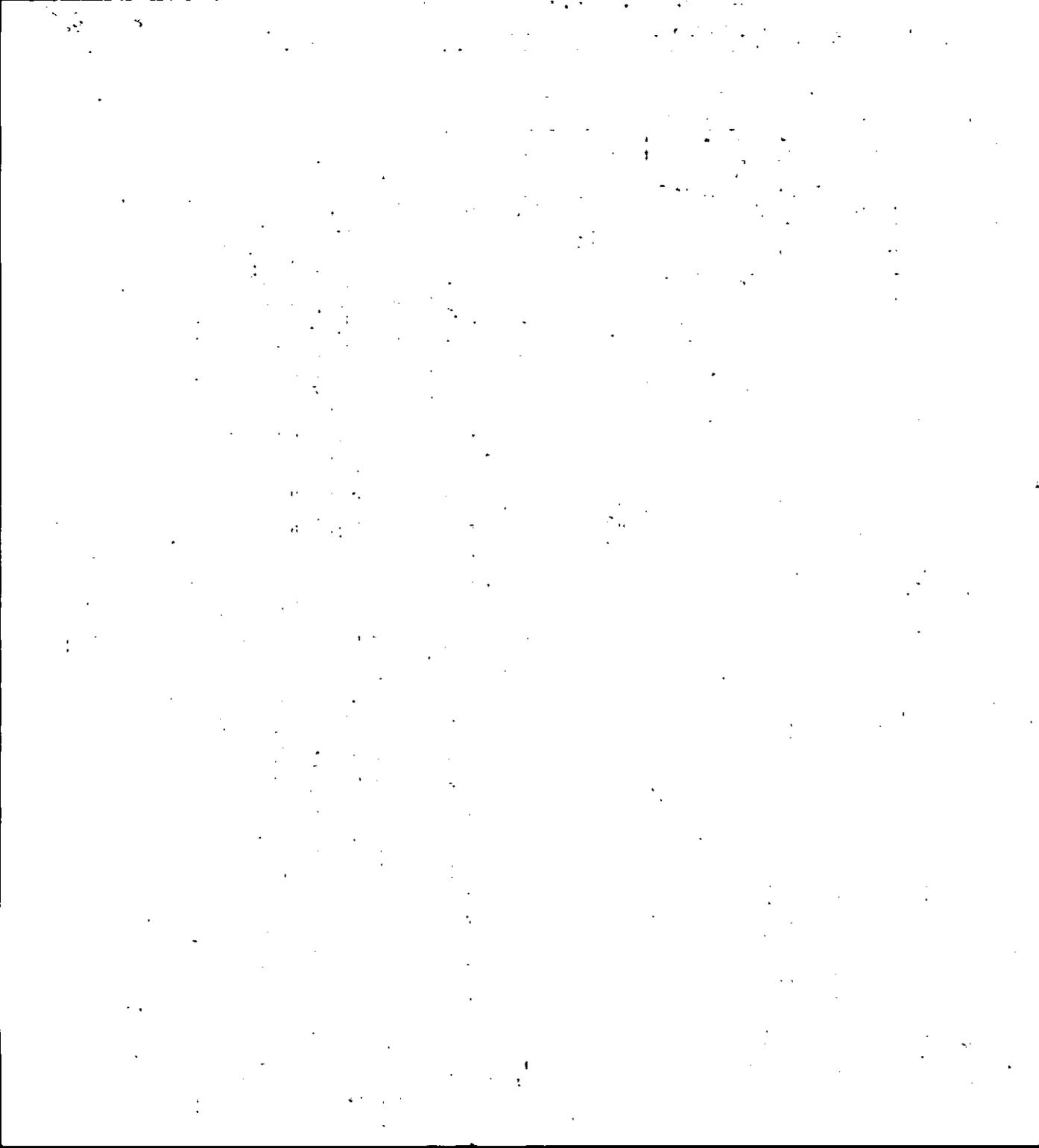
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) **Abraham**, M. D.
 (Address) **City Group #1**



St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Rose Blackburn

Who died at _____ on Apr 18 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 1 Months 1 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Bronch pneumonia primary

Other contributory causes of importance No other cause

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. J. Bedeck

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,
E. T. McLaugh M.D.
S.A.

Primary Reg. Dist. N. 1003

Special Agent.

S-14802

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