

REC'D MAR 13 1939

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

4515
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City..... St. Louis (d) Street No..... City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clara Blackburn
(a) Residence, No. 3108 A North 13th st. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married (widowed)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Blackburn, deceased 2/2/39 her		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1875		
7. AGE 63	YEARS 9	MONTHS 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as saw mill, bank, etc. hwk
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
13. NAME Pete Young		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
15. MAIDEN NAME Clarice ?		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada		
17. INFORMANT (ADDRESS) Hosp. Info M. Kent		
18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Febry 8th 39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. 1417 N. Market Street.		
20. FILED FEB 7 1939 J. P. Reed Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/39 19
22. I HEREBY CERTIFY, That I attended deceased from 2/2/39 to 2/6/39
Last saw him alive on 2/6/39, 19... Death is said to have occurred on the date stated above, at 10.50 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage (right internal capsule) with rupture into ventricles
Other contributory causes of importance: Hypertension.
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 2
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) E. P. Rex, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *16747*

P. O. Address *2223 St Louis Ave*

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, above space should be left blank.