

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

21337  
 Do not use this space.

DEAD JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township 7<sup>th</sup> Ave Primary Registration District No. 100<sup>th</sup> Registered No. 2605

(c) City St. Louis, Mo. (d) Street No. General Hospital #2 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 Houston Blakely

(a) Residence, No. 1609 Woodland apt 36 (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 male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>53</u>	<u>5</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Mo. Kansas

FATHER

13. NAME W. Blakely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE Jan 24, 1939

19. FUNERAL DIRECTOR (ADDRESS) H. J. Tott

20. FILED June 29, 1939 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1939 to 6-22, 1939

I last saw him alive on 6-22, 1939 Death is said to have occurred on the date stated above, at 7<sup>th</sup> m. P.M.

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

Abdominal Peritonitis

Other contributory causes of importance: Intestinal Obstruction Adhesions Band of Adhesions

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

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) O. D. Drouin, M. D.  
 (Address) General Hospital #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5017-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, T. B. Watkins, Licensed Embalmer No. 2889  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by T. B. Watkins  
L. E.  
No. 2889 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed T. B. Watkins  
Licensed Embalmer No. 2889

**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.)**