

FILED APR 8 1942 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100  
17  
9

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hours  
in this community Unavailable  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2342 Eugenia Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ralph C. Blackwell

3. (b) If veteran, name war --

3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Blackwell

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. Sept. 18th. 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 5 23 hr. min.

9. Birthplace Rollo Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Porter -- Retired

11. Industry or business Frisco Railroad

MOTHER FATHER { 12. Name Ruben Blackwell

13. Birthplace Rollo Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margarite Plummer

15. Birthplace Steelville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Blackwell

(b) Address 2342 Eugenia Street

17. (a) Removal (b) Date thereof 3-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) WAR 13 1942 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th  
year 1942 hour 12 minute 50 AM.

21. I hereby certify that I attended the deceased from March 10th.  
1942 19   to March 11, 19  42

that I last saw h. im alive on March 11, 19  42  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

3  
30  
2 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature J. F. Budick (M. D. or other) \_\_\_\_\_

Address 3136 Chouteau Avenue Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

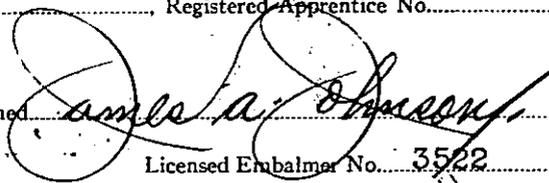
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P.O. Address. 4107 Finney Avenue

**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, fact should be so stated above.**