

**FILED MAR 13 1942**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 100

Registrar's No. 3996

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS  
(Specify whether years, months or days)

In this community 15 YEARS  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2002 Vindicator St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Cecil Marion Blackwell

3. (b) If veteran, name war None

3. (c) Social Security No. 702-16-4706

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4 year 1942  
hour 6:15 minute 9 AM

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife WETA

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov 10 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/2/42 to 5/4/42 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 5 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Shock due to Hemorrhage

Due to Gastric Hemorrhage

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

9. Birthplace WATSON SPRINGS 1 ARKANSAS  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 118.3

10. Usual occupation Locomotive Fireman & Engineer

11. Industry or business Missouri Pacific R.R.

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

Of autopsy 118

12. Name Andrew Blackwell

13. Birthplace 1 ARKANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Smetzer

15. Birthplace 1 ARKANSAS  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant William Blackwell

(b) Address 3008 Indiana

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 6, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director Wm. J. Sellers

(b) Address 222 W. Jefferson Ave.

19. (a) MAY 3 1942 (Date received local registrar) (b) W. F. Bucke (Registrar's signature)

23. Signature W. F. Bucke (M. D. or other) \_\_\_\_\_  
Address 100 Pacific Ave. Date signed 5/4/42

**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.....

*Paul A. Shanklin*

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

.....working under my personal supervision.

Signed *Paul A. Shanklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address *2929 S. Jefferson*.....

**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.**