

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
In this community 35 yrs.
(Specify whether 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. 912a Salisbury
(If rural, give location)
(e) Citizen of foreign country? ~~XXX~~ American (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Iva Blackstun

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorenza Blackstun 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Apr. 7, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 16 4 10 hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name Morrison Nicholas
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Sarah Mc Laughlin
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 8-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave
AUG 18 1942

19. (a) (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1942 hour 7:00 A.M. minute M.

21. I hereby certify that I attended the deceased from May 19, 1942, 19 to Aug. 17, 1942, 19

that I last saw h alive on and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with multiple metastases.

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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
Signature Lorenz Boney (M. D. or other) 2600 Arsenal St. Date signed 8-17-42

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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.