

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15296/

State File No.
Registrar's No. 855

FILED MISSOURI 1943
Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Clayton,
(c) Name of hospital or institution: St. Louis Co. Hospt. 1
(d) Length of stay: In hospital or institution 6 days.
In this community 5 days,

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis,
(c) City or town Rural, Bonhomme, Wash.
(d) Street No. Near St. Paul Rd.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Lindsey Blackburn
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Sarah Watson Blackburn 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Dec. 15, 1847

8. AGE: Years 95 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Louisville, Ky

10. Usual occupation Farmer (Retired)

11. Industry or business Own farm

MOTHER FATHER
12. Name Unknown,
13. Birthplace S. C. /
14. Maiden name Unknown,
15. Birthplace S. C. /

16. (a) Informant Mrs. Meda Jolliff, Mo.

(b) Address 1314 W. Florida, Springfield, Removal

17. (a) (b) Date thereof Apr. 9, 1943

(c) Place: burial or cremation Clayton, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) APR 7 1943 (b) E. M. Henry, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7 year 1943 hour 12 minute :15 a. M.
21. I hereby certify that I attended the deceased from 4-1-43 to 4-7-43 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure -
Due to Pneumonia, right lobe 7 days.
Due to Semility
Other conditions None

Major findings: Of operations 108
Of autopsy no 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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(e) Means of injury.....
23. Signature John W. Beckman, M.D. Date signed 4/7/43

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

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 Chris Schrader
Licensed Embalmer No. 3066
P. O. Address Ballwin, Mo.

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.