

No. 2
A-2-43
5-17-39
I X 3557

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36145

State File No.

Registrar's No.

FILED NOV 29 1943

Registration District No.

Primary Registration District No.

1003

9842

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 day 0
(Specify whether
In this community..... Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 027
(c) City or town..... Boonville.
(If outside city or town limits, write "RURAL")
(d) Street No..... 621 4th Street
(If rural, give location)
(e) Citizen of foreign country?..... -- (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Eugene Blackwood, Jr.

3. (b) If veteran, name war..... -- 3. (c) Social Security No..... --

4. Sex..... Male 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Single

6. (b) Name of husband or wife..... -- 6. (c) Age of husband or wife if alive..... -- years

7. Birth date of deceased..... September 27, 1941
(Month) (Day) (Year)

8. AGE: Years..... 2 Months..... 1 Days..... 12 If less than one day..... hr. min.

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

10. Usual occupation..... Child

11. Industry or business.....

MOTHER FATHER { 12. Name..... Eugene Blackwood
13. Birthplace..... Quincy, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name..... Virginia Westerlick
15. Birthplace..... Quincy, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant..... Eugene Blackwood
(b) Address..... 621 4th St., Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 11 11 43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Green Mount Cem., Quincy,

18. (a) Signature of funeral director..... Tricker-Helderk Und. Co.
(b) Address..... 3634 Gravois Ave.

19. (a) NOV 10 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... November day..... 9
year..... 1943 hour..... 12 minute..... 00 Noon

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Ether Anesthesia while being prepared for an operation for Congenital Pteris of the eyelids
Due to..... at the St Louis Childrens Hosp 11-9-43 about 12:00 PM

Due to.....

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

Major findings: Of operations.....
Of autopsy.....

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)..... 000

(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?.....

23. Signature..... Alfred Perry (M. D. or other)
Address..... Boonville, Mo. Date signed..... 11/10/43

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 Robert White

Licensed-Embalmer No. 2178

P. O. Address St Louis 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.