

S. No. 2
DM-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39529
State File No. 11323
Registrar's No.

Registration District No. 818 Primary Registration-District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 26 years (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. 1623 1623 Sheridan St. 3rd Ward
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Curtis Blockton
(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 13,
year 1943 hour 8 minute 15 A. M.

4. Sex Male 5. Color Negro 6. (a) Single, widowed, divorced, Married
(b) Name of husband or wife Dais Blockton 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Dec. 24th. 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 1, 1943 to December 13, 1943,
that I last saw him alive on December 13, 1943,
and that death occurred on the date and hour stated above.

8. AGE: 66 Years Months 11 Days 19 If less than one day hr. min.

Immediate cause of death Bronchopneumonia Duration Terminal
Due to Hypertrophy of Prostate Undet.
Hydronephrosis " "

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Labor

Major findings: Of operations 107

11. Industry or business.....
12. Name William Blockton
13. Birthplace Unknown Unknown
(City or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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)..... (e) Means of injury.....

16. (a) Informant Dais Blockton
(b) Address 1623 So. 3rd St.

23. Signature A. K. Fleet (M. D. or other) 12/15/43
Address 2601 Whittier Date signed

17. (a) Burial (b) Date thereof 12/18/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director A. J. Burke
(b) Address 1600 S. 3rd St.
19. (a) DEC 18 1943 (b) A. J. Burke
(Date received local registrar) (Registrar's signature)

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.....

Amelia Johnson
.....
Licensed Embalmer No. 3522

P. O. Address.....

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.