

No. 2
5-43
17-39
X36671

FILED FEB 4 1944
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1003

Registration District No. _____ Primary Registration District No. _____

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:
Mo. Pacific Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1441 S. 3rd Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1944 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1-26
1944 to 1-27 1944
that I last saw him alive on 1-26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis
Acute Congestive Heart Failure
Due to _____
Due to _____

Duration
5 days

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

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____

23. Signature Paul J. Hubert (M. D. optional)
Address Mo. Pacific Hospital Date signed 1-27-44

3. (a) PRINT FULL NAME Edward Forst Blackburn
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 27, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 0 _____ hr. _____ min.

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

10. Usual occupation Maintenance

11. Industry or business Rail Road Mo. Pacific.

MOTHER FATHER
12. Name Linzhy H. Blackburn
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elinson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Blackburn
(b) Address 6209 Arthur Ave.

17. (a) Burial (b) Date thereof Jan. 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Wood Park Cem.

18. (a) Signature of funeral director Jay B. Smith.
(b) Address 7456 Manchester Ave. Maplewood, Mo.
19. (a) JAN 29 1944 (Date received local registrar)
J. F. Bredish (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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester *Mass*

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.