

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED APR 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10557
3447
Registrar's No. 05447

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether
In this community _____
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. 2816 Abner Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Blackburn
(b) If veteran, name war _____
(c) Social Security No. 496-18-7943
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Blackburn
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 10 13 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1947 hour 12 minute 45 a. A. M.
21. I hereby certify that I attended the deceased from
February 14, 1947 to March 30, 1947
that I last saw him alive on March 30, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 5 17 _____ hr. _____ min.

Immediate cause of death PULMONARY EMPHYSEMA
Due to BRONCHIECTASIS (NOT TUBERCULOSIS)
Due to _____
Other conditions LEFT HYDRONEPHROSIS
(Includes pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy AS ABOVE
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter and Builder
11. Industry or business _____
12. Name Samuel Blackburn
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Dora unknown
15. Birthplace Indiana
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elizabeth Blackburn
(b) Address 2816 Abner Pl.
17. (a) cremation (b) Date thereof 4/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. APR 1 1947 (b) J. J. Bredbeck
(Date received by registrar) (Registrar's signature)

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 FR Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 3/30/47

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 Albert R. Thompson

Licensed Embalmer No. 42 137

P. O. Address St. Louis

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.