

FILED APR 14 1947

Registrar's No. **2558**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
1487A Hadiment Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ripley Co
(c) City or town Naylor
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location) N.R. 1
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Robert Lee Blackwell

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

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

6. (b) Name of husband or wife Anna Blackwell 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb 7 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Cotton Buyer

11. Industry or business Cotton Business

12. Name John W Blackwell

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Martha

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant John B Blackwell Son

(b) Address 1847A Hadiment

17. (a) Burial (b) Date thereof April 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naylor, Mo. Cemetery

18. (a) Signature of funeral director Rowland Mortuary Corp.

(b) Address 4355 WASHINGTON AV

19. (a) APR 3 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd /
year 1947 hour 8 minute 30 am.

21. I hereby certify that I attended the deceased from June 8-45
1946, to April 3 1947
that I last saw him alive on March 1 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
Chronic Alcoholism

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) MI

Major findings: Of operations _____
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? MI

While at work _____ (Specify type of place) _____ (e) Means of injury MI

23. Signature R. Tweedell (M. D. or other) _____
Address 4143a N. Benton Date signed April 3 1947

JK
5911

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 Ronald O. Yalovke

Licensed Embalmer No. 3917

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, above space should be left blank.