FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 3

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36594

Registrar's No. 2193

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Admn. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Christian 999
(c) City or town Taylorville 11
(If outside city or town limits, write "RURAL")
(d) Street No. 315 West Main Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country —

3. (a) PRINT FULL NAME BLACKBURN, Pearl A.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 708 12 9744

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mrs. Ellen Blackburn

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September (Month) 15 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	0	hr. min.

9. Birthplace Flora, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation RR Machinist

11. Industry or business Railroad

FATHER
12. Name Unknown 0
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 0
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof 10-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Taylorville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington, St. Louis, Mo.

19. (a) 10-17-47 (b) Cecil A. Sharp MD MSC
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th
year 1947 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from September 22, 1947, to October 15, 1947; that I last saw him alive on October 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lung with metastases	
Due to 47d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See cause of death	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. E. Stilwell (M. D. ~~xxxx~~)
L. E. STILWELL
Address Jefferson Barracks, Mo. Date signed 10/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1947

NOV 3 1947

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 John S. Kennedy

Licensed Embalmer No. 4194

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.