S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6072

FILED FEB 23 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1548

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

1. PLACE OF DEATH:
(a) County
(b) City or town StLouis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4105 Tholozan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 mO
years, months or days)

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

3. (a) PRINT FULL NAME William Lester Blackburn
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lovel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 29th (Day) 1901 (Year)

8. AGE: Years 46 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Wayne County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Minister of the Gospel
11. Industry or business
FATHER
12. Name Bedford J Blackburn
13. Birthplace Clay County (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Major
15. Birthplace Wayne County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Lovel Blackburn
(b) Address Centralia Illinois
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Ill
18. (a) Signature of funeral director Rowland Mortuary Svc
(b) Address 4104 Manchester
19. (a) FEB 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1948 hour ~~730~~ 8 minute 20 A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lacunomia of Hard Palate
Due to
Lung Abscess
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 3

23. Signature Alfred Perry Dep (M. D. or other)
Address 1300 Clark Date signed 9/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1548

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 Yahnke

Licensed Embalmer No. 3917

P. O. Address StLouis Mo

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.