

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19132
Registrar's No. 19132

318

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| | | | | | |
|---|-------------------------------|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | c. LENGTH OF STAY (in this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5, Mo.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>7531 Washington Blv'd.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> | | b. (Middle) <u>ANDREW</u> | | c. (Last) <u>BLACKMAN</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb'y 27, 1950</u> | | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 22 1899</u> | 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>district manager</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bristol Instrument Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Atlantic City, New Jersey</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |
| 13a. FATHER'S NAME <u>George Blackman</u> | | 13b. MOTHER'S MAIDEN NAME <u>unk</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clara Blackman</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. I</u> | | 16. SOCIAL SECURITY NO. <u>337-07-3070</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clara Blackman-7531 Washington Blv'd.</u> ADDRESS _____ | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | |
| MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulo-nephritis - Uremia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio Sclerosis</u> | | | | ? | |
| DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Degenerative Heart Disease</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>446X</u> | |
| 22. I hereby certify that I attended the deceased from <u>Oct. 10, 1949</u> , to <u>Feb. 27, 1950</u> , that I last saw the deceased alive on <u>Feb. 26, 1950</u> , and that death occurred at <u>4:20 a. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Hiram L. Lupton M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>3720 Washington Pk St</u> | | 23c. DATE SIGNED <u>2/27/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u> | | 24b. DATE <u>3-7-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 27 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Samter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons, 7233 Delmar Blv'd.</u> ADDRESS _____ | |

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

Dr Hiram Liggett,
3720 Washington Blvd.,

used a mold

2.5

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, 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.