

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21383**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5765**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Washington District of Columbia</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Washington</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>317 T Street N. W.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Blocker, Sr.</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>7 1 1950</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 21, 1899</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Field Agent Howard</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.</b>	11. BIRTHPLACE (State or foreign country) <b>Georgia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Isiah Blocker</b>	13b. MOTHER'S MAIDEN NAME <b>Mary White</b>	14. NAME OF HUSBAND OR WIFE <b>Sallie Blocker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>R O T C</b>	16. SOCIAL SECURITY NO. <b>461-07-4332</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William W. Blocker Jr.</b>	ADDRESS. <b>Washington</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GANGRENOUS APPENDICITIS</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>GENERAL PERITONITIS</b>		<b>9 days</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Gangrenous appendix Generalizing Peritonitis</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5501</b>
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22. I hereby certify that I attended the deceased from **6-25, 1950** to **7-1, 1950**, that I last saw the deceased alive on **7-1, 1950**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William N. Dinkler M.D.</b>	23b. ADDRESS <b>4503 Page Blvd</b>	23c. DATE SIGNED <b>7-2-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jacksonville</b>	24d. LOCATION (City, town, or county) (State) <b>Florida</b>
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DATE REC'D BY LOCAL REG. <b>JUL 3 1950</b>	REGISTRAR'S SIGNATURE <b>J. P. Hasler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Undertaking Co</b>	ADDRESS <b>2732 Pine St</b>
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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 *Clark Young* .....

Licensed Embalmer No. *3371* .....

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.