

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED MAY 18 1953

State File No. **19192**  
Registrar's No. **4515**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHESTERFIELD</b>	
c. LENGTH OF STAY (In this place) <b>2 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>R. F. D. # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>PEARL</b> b. (Middle) <b>E.</b> c. (Last) <b>BLACKBURN</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAY-1-1953</b>		
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<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>FEB-1-1903</b>	<b>9. AGE</b> (In years last birthday) <b>50</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>0</b>	<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>POULTRY STORE</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>MORRISON-MO</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>GEORGE HAEFFNER</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ELENORA KLOSSNER</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>EUGENE E. BLACKBURN</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>493-20-4792</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Eugene E. Blackburn</b> ADDRESS <b>CHESTERFIELD, MO</b>
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b>		DUE TO (b) <b>Congestive Heart Failure</b>		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Neurogenic Heart Failure</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4343</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **250P**, m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i> (Degree or title) <b>31300 Class</b>	<b>23b. ADDRESS</b>	<b>23c. DATE SIGNED</b> <b>5/4/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>5-5-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>GOOD HOPE CEMETERY</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>MORRISON - MO</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 4 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>L.B. Tanner</b>	<b>ADDRESS</b> <b>6107 Natural Bridge</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*John S. Henne*  
Licensed Embalmer No. *4194*  
P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.