

STANDARD CERTIFICATE OF DEATH

State File No. **2583**
0915
 Registrar's No.

BIRTH NO. **FULL FEB 10 1954** REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Maplewood 454 4 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 7484 Manchester	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. LENGTH OF STAY (in this place) 10 days	

3. NAME OF DECEASED a. (First) HARRY b. (Middle) L. c. (Last) BLACKFORD			4. DATE OF DEATH (Month) (Day) (Year) January 28, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 6th 1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY Mplw. Police Dept.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank D. Blackford	13b. MOTHER'S MAIDEN NAME Edith M. Henry	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edith M. Henry
		ADDRESS Above

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 days UNK
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from 1-19-1954, to 1-28-1954, that I last saw the deceased alive on 1-28-1954, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. J. Vermillion, M.D.</i> M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-1-54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JAN 29 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, 7456 Manchester Maplewood, Mo.
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J.P. Burgess

Licensed Embalmer No.

P. O. Address *Maple*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.