

XC # 385 38 1954
REG # 4776
SI # 3636

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42189
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10622

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 MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 5 DAYS	c. CITY OR TOWN UNIVERSITY CITY
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) 717 WEST CANTERBERRY ROAD	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JAMES c. (Last) BLACKBURN			4. DATE OF DEATH (Month) (Day) (Year) 11-20-54		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-1-14	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) PRINTER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) INDIANA POLIS, INDIANA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM E. BLACKBURN	13b. MOTHER'S MAIDEN NAME CLARA MODE	14. NAME OF HUSBAND OR WIFE LEANNA I. BLACKBURN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WWII	16. SOCIAL SECURITY NO. 304-516-7707A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EDEMA CONGESTION-BRONCHO PNEUMONIA OF LUNG. 3 Weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ENCEPHALITIS 3 Weeks DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 343x
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22. I hereby certify that I attended the deceased from 11-15-54, 19__, to 11-20-54, 19__, and that death occurred at 5:46 A. M., from the causes and on the date stated above.

23a. SIGNATURE CHARLES P. KOLARS (Degree or title) M. D.	23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 11-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11/24/54	24c. NAME OF CEMETERY OR CREMATORY Maple Grove	24d. LOCATION (City, town, or county) (State) Brookville Ind.
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DATE REC'D BY LOCAL REG. NOV 22 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mayer 4356 Lucille Blvd
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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
Signature of Student Embalmer

Signed *E. J. Pennington*

Licensed Embalmer No. *428*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.