

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7602

State File No.

FILED FEB 27 1956

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>518</u>		Registrar's No. <u>408</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Webster Groves</u>)		c. LENGTH OF STAY (In this place township) <u>74 Yrs.</u>		c. CITY OR TOWN <u>Webster Groves</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 Blackmer Pl.</u>				e. STREET ADDRESS (If rural, give location) <u>205 Blackmer Pl.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>ERASTUS</u> c. (Last) <u>BLACKMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1956</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-15-1882</u>	
9. AGE (In years) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Mgr. Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blackmer Post Pipe Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Lucian R Blackmer</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Browning Y Blackmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-01-1098</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. Guy Blackmer 5642 Kingsbury Ct.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage and cerebral degeneration ---</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension with arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 years Over 10 yrs.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>47</u> , to <u>Feb. 10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 10</u> , 19 <u>56</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert R. Domb...</u>				23b. ADDRESS <u>19 E. Lockwood Ave., Webster Groves 19, Mo.</u>		23c. DATE SIGNED <u>2-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-13-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Parker Aldrich, Webster Groves Mo.</u>			

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

FEB 27 1956

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 *Neville B. Frohwitter*

Licensed Embalmer No. 3696

P. O. Address 154 Rock

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.