

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 45243

FILED VS. JAN 4 1960

211698

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		Length of stay in 1b <i>2 days</i>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Marys Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>4918 Aldine Pl.</i>		
3. NAME OF DECEASED (Type or print) <i>Denise L. Blackmon</i>			First Middle Last		4. DATE OF DEATH Month Day Year <i>12-15-59</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-13-59</i>		9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Nurse</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Franklin Blackmon</i>			13b. MOTHER'S MAIDEN NAME <i>DAN Ethel Lyles</i>			14. NAME OF HUSBAND OR WIFE <i>Nurse</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT <i>Franklin Blackmon</i>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral vessel</i> DUE TO (b) <i>Intracranial hemorrhage</i> DUE TO (c) <i>760.5</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Prematurity</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

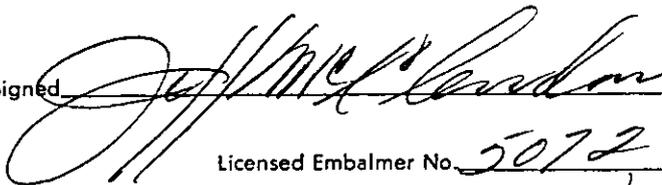
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year <i>11 a.m. 11 1959</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Birth</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo.</i>	
21. I attended the deceased from <i>Birth</i> to <i>death</i> and last saw her alive on <i>9:15P</i> m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <i>9:15P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Virginia Mae</i>				22b. ADDRESS <i>16 HAMPTON VILLAGE PLAZA</i>		22c. DATE SIGNED <i>12/17/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12-17-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		
24. FUNERAL DIRECTOR <i>J. Mc Cleod</i>			ADDRESS <i>4535 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>DEC. 17 1959</i>		
26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>							

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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  _____

Licensed Embalmer No. 5072

P. O. Address 4235 W 45th

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.