

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 **046219**

FILED VS JAN - 4 1960

Registration District No. **317** Primary Registration District No. **544** Registrar's No. **3475** STATE FILE NUMBER

MAILED

17 5760 rms

1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST LOUIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hickwood		Length of stay in 1b DAYS		c. CITY OR TOWN OLIVETTE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 512 DEUSER LA.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edgar Middle L. Last Blackwell				4. DATE OF DEATH Month Dec. Day 26 Year 1959				
5. SEX male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and state or country) Pattersonville Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William L. Blackwell			13b. MOTHER'S MAIDEN NAME Caroline Brown		14. NAME OF HUSBAND OR WIFE Edna Blackwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Orville P. Spugherty 606 1/2 Indiana				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiogenic Shock? Underlying condition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Kidney failure - uremia 1 day DUE TO (c) a.s. Heart disease						INTERVAL BETWEEN ONSET AND DEATH 1 day		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 12-23-59 to 12-26-59 and last saw her alive on 12-28-59 Death occurred at 3-AM 12-26-59 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Robert H. Brewer MD				22b. ADDRESS 3720 Washington		22c. DATE SIGNED 12-28		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Free Free Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
24. FUNERAL DIRECTOR ADDRESS Bull-Campbell Mortuary 165 Adams				25. DATE RECD. BY LOCAL REG. 12-28-59		26. REGISTRAR'S SIGNATURE John B. Murphy		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Director

