

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

18712

1. PLACE OF DEATH  
 County..... St. Louis #440 Registration District No.....  
 Township..... Primary Registration District No..... Informary  
 City St. Louis (No. Informary)  
 Registered No. 5106 (St.      Ward     )

2. FULL NAME Marcy Crenshaw  
 (a) Residence. No. 5800 Arsenal St. 13 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27, 1842

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>6</u>	<u>10</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work nil  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER James Crenshaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Kennel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. M. Effinger  
 (Address) Informary

15. FILED MAY 29 1928 Max C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1927 to May 7 1928, and that I last saw her alive on May 7 1928, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Ch. Myocarditis  
90 B  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Arteriosclerosis & Scurvy  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) R. Berg, M. D.  
518, 1928 (Address) 5800 Arsenal St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Winfield No DATE OF BURIAL May 10 1928

20. UNDERTAKER Elmer Shepard ADDRESS 1167 Hamilton

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

