

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

Do not use this space.

3222

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City *St. Louis* (No. *2909* North Jefferson).....

File No.

Registered No.

101

St. Ward)

2. FULL NAME

(a) Residence. No.
(Usual place of abode)

Betty Marie Crews
2909 N. Jefferson Ave 20

Ward.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs.

mos. *1 3/4* ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Dec. 30, 1932

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

Theodore Woodrow Crews

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Fayette Mo

12. MAIDEN NAME OF MOTHER

Marie Dorothy Slimey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

14.

INFORMANT (Address)

*Theodore Crews (father)
2909 N. Jefferson*

15.

JAN -4 1933 FILED 19

Mar E. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 1, 1933

17.

HEREBY CERTIFY, That I attended deceased from *Dec. 20*, 19*32*, to *Jan. 1*, 19*33*; that I last saw *h. e.* alive on *Dec. 31*, 19*32*, and that death occurred, on the date stated above, at *9:30 A. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

menigeal haemorrhage

160C

160B

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. *1 3/4* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical finding*

(Signed).....

Albert Taylor, M. D.

Jan. 1, 1933 (Address)

5322 1/2

*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

DATE OF BURIAL

Fayette Mo

Jan. 2, 1933

20. UNDERTAKER

ADDRESS

*Wreathman Herpel
Theodore Crews (father)
2909 N. Jefferson*

WRITE PLAINLY, 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.

