MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
100M-11-24-33

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

MAR 4 1935

Do not use this space.

2752

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 788 — File No.: 2752

Township: — Primary Registration District No.: 4471 — Registered No.: 10

City: Webster Groves (No. # 37 Algonquinwood St. ..... Ward)

2. FULL NAME FRANCES WRIGHT CROSSEN

(a) Residence, No. # 37 Algonquinwood St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr. Harry S. Crossen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 30th 1869

7. AGE: YEARS 65 — MONTHS 8 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winterset Iowa

FATHER

13. NAME: Chauncey D. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pompey N.Y.

MOTHER

15. MAIDEN NAME: Mary Jordan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincolnshire England

17. INFORMANT (ADDRESS): Dr. Harry Crossen # 37 Algonquinwood Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: Jan. 30 1935

19. UNDERTAKER (ADDRESS): Alexander & Sons 6175 Delmar Blvd.

20. FILED: 1-29- 1935 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to January 27, 1935
I last saw her alive on January 26, 1935. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1/26 35

Other contributory causes of importance:

Rheumatic Heart Disease ?	?
Mitral stenosis & regurgitation	?
Auricular Fibrillation	6 months

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? usual clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓

(Signed) Julius Jensen M. D.
(Address) 3720 Washington Ave St Louis

Dr. [illegible]
3720 Washing Jef 6720