FEB 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No. 7502
Township Cent Jeff — Primary Registration District No. 4471 — Registered No. 8
City Webster Groves (No. 1042 Tuxedo Blvd St. Ward)

2. FULL NAME Miriam Ann Crews
(a) Residence, No. 1042 Tuxedo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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: Milton K Crews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22, 1903

7. AGE: YEARS 32 — MONTHS 1 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
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): Warrensburg Ill.

FATHER
13. NAME: Geo Frank Russell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute Ind

MOTHER
15. MAIDEN NAME: Nelital Ice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Urbana Ill.

17. INFORMANT (ADDRESS): Milton K. Crews, 1042 Tuxedo Webster Groves Mo

18. [redacted] REMOVAL
PLACE: Tulsa Oakland Feb 6, 1936

19. UNDERTAKER (ADDRESS): Parker Ind Co, Webster Groves Mo

20. FILED 2-4-1936 Jules R. Yore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 3, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 4, 1935 to Feby 3, 1936
I last saw her alive on Feby 3, 1936. Death is said to have occurred on the date stated above, at 11 40 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2/3/36

Other contributory causes of importance: Chr. Nephritis with Arteriosclerosis Hypertension

Name of operation: Clinical — Date of
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify
(Signed) W. F. O'Malley, M. D.
(Address) Webster Groves Mo.

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

MARGIN RESERVED FOR BINDING

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.

S. NO. 2