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.

REC'D AUG 12 1938

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

23659
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 6353
(c) City St. Louis, Missouri (d) Street No. Deaconess hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lulu Crenshaw 65
(a) Residence, No. ..... St. NR Elsberry, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Austin Crenshaw
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 13, 1885
7. AGE: YEARS 52 MONTHS 10 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): July 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky.

FATHER
13. NAME: George Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvannia

MOTHER
15. MAIDEN NAME: Felicia Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Austin Crenshaw Elsberry Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Fulton Missouri DATE: July 16, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hopppe Inc. 429 N. Euclid Ave
20. FILED: JUL 15 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1938

22. I HEREBY CERTIFY That I attended deceased from July 10, 1938, to July 14th, 1938
I last saw her alive on July 14th, 1938 Death is said to have occurred on the date stated above, at 11:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labar (Hypostatic) pneumonia	7-12-38

Other contributory causes of importance:
Cholelithiasis & Chole cystitis } indefinite

Name of operation: Cholecystostomy Date of July 11/38
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) John D. Haynard M. D.
(Address) Metropolitan Bldg St. Louis

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.