

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **6431**

1. PLACE OF DEATH: **1003**

(a) County _____

(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **4304 PAGE BLDG**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4304 Page Boulevard**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Belle Crowder 636**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **John Crowder**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 31st 1851**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	11	16	hr. _____ min.

9. Birthplace **Louisville, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unavailable**

13. Birthplace **Unavailable**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Harriet-Unavailable**

15. Birthplace **Unavailable**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Harriet Crowder**

(b) Address **4304 Page Boulevard**

17. (a) **Removal** (b) Date thereof **7/21/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brownsville Tenn**

18. (a) Signature of funeral director **Charles J. Bates**

(b) Address **4107 Finney Avenue**

19. (a) **JUL 21 1939** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**,
year **1939** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **July 15**, 19**39** to **July 17**, 19**39**
that I last saw her alive on **July 17 th**, 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy with thrombosis of the middle cerebral artery**

Due to **hypertensive disease with vascular changes**

Due to **arteriosclerosis**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **J. J. [Signature]** (M. D. or other) _____

Address **2748a Franklin Avenue** Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

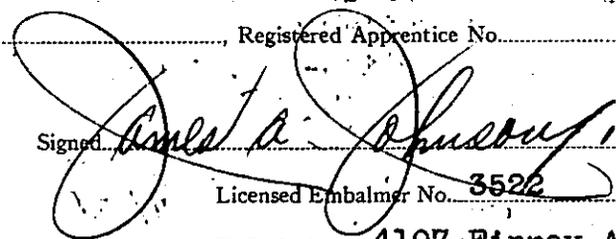
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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

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