

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.

791  
1003

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days  
(Specify whether years, months or days)

In this community 13 Years

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 Dolman  
(If rural, give location)

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

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3. (a) PRINT FULL NAME Isaac Crews

8. (b) If veteran, name war None

8. (c) Social Security No. 490-03-20

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August 6, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Missouri Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Drug Company

12. Name John Crews

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

14. Maiden name Pearlena Sanders

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

16. (a) Informant's own signature Margaret Crews

(b) Address 1114 Dolman

17. (a) Burial (b) Date thereof Oct. 21, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director H. H. M. Laughlin

(b) Address 2301 Lafayette

19. (a) OCT 20 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19,  
4 year 1939 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from October 5, 1939, to October 19, 1939 and that death occurred on the date and hour stated above.

that I last saw him alive on October 19, 1939

Immediate cause of death Coronary A. Thrombosis Duration \_\_\_\_\_

Due to Diabetes Mellitus  
Splenicemia (Splenicoemia aurea)

Due to Parotitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 6 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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 Marshall H. Kelly (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette, St. Louis, Mo.

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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

*L. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**