

No. 2
11-10-1940
5-17-1941
I X2192

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13121

MAY 15 1940 791

State File No. 3326

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5435 Cabanne Ave.
(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 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. # 5435 Cabanne Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mollie Izella Crole
3. (b) If veteran, name war _____
3. (c) Social Security No. none.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Harry B. Crole
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22, 1861.
(Month) (Day) (Year)

8. AGE: Years 78. Months 10. Days 18. If less than one day hr. _____ min.

9. Birthplace Jefferson County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Peter Lulline
13. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Johns
15. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm Eversole
(b) Address 5435 Cabanne Ave.

17. (a) Burial (b) Date thereof 4-12-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director C.R. Euston & Sons
(b) Address # 7233 Delmar Blvd.

19. (a) APR 11 1940 (b) J. B. ...
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1940 hour 11: minute 30 P. M.
21. I hereby certify that I attended the deceased from July 31, 1929, to April 9, 1940
that I last saw her alive on April 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious anemia Duration 11 years

Due to _____
Due to _____

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

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 _____
(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? _____ Means of injury _____
23. Signature Arthur B. Day (M. D. or other) M.D.
Address 3720 Washington Blvd. Date signed 4-10-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Beaumont 1909
No. # 0870

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

Bradford A. Miles

Licensed Embalmer No. *2901*

P. O. Address *St. Louis, Mo.*

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.