DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30536

Registration District No. 791 i 25 Primary Registration District No. 1003

Registrar's No. 7813

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 3208 Olive (If rural, give location) 0

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

3. (a) PRINT FULL NAME King - JANE CRANE,

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased ABOUT (Month) 1912 (Day) (Year)

8. AGE: Years 28 Months Days If less than one day hr. min.

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

10. Usual occupation SINGER 9

11. Industry or business 9

MOTHER FATHER

12. Name LO ANN 1 (Maiden name)

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

14. Maiden name ?

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

16. (a) Informant's own signature Clyde Austill

(b) Address Dexter Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPT 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pop LAR BLUFF MO

18. (a) Signature of funeral director E. J. Schmure.

(b) Address 3125 Lafayette Ave.

19. (a) SEP 19 1940 (Date received for record) (b) J. Bradish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-10-40 Day

year 1940 hour 4 minute 50 p M.

21. I hereby certify that I attended the deceased from 8-28, 1940, to 9-10, 1940; that I last saw h c f alive on 9-10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Lung abscesses multiple

Due to

Other conditions Squam cell Ca of Cervix Pelvic peritonitis

Major findings: Of operations Squamous Ca of Cervix

Of autopsy Lung abscess, Ca cervix Pelvic & abs. peritonitis

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Sherwood (M. D. or other)

Address BARNES HOSPITAL Date signed 9-11-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 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.