

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34033

Registrar's No. 8736

Registration District No. 791

Primary Registration District No. 1003

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:
1036 Art Hill Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
In this community 50 Years.

3. (a) PRINT FULL NAME Daisy Crow.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow.
(b) Name of husband or wife Zee Crow. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months Unknown Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation At Home.

11. Industry or business _____

12. Name John Laughlin.
13. Birthplace New York.
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know.
15. Birthplace Dont Know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Kiely.

(b) Address 1036 Art Hill Place.

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

(c) Place: burial or cremation Valhalla Cemetery

18. (c) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) Oct 23 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1036 Art Hill Place.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22.
year 1940 hour 4. minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 22
_____ 1940 to Oct 22 1940
that I last saw her alive on Oct 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death edema of lungs 2 hr -
Due to chronic myocarditis some
year.

Due to _____

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)
(a) Means of injury _____
23. Signature J. F. [illegible] (M. D. or other) M.D.
Address 4501 Manchester Date signed _____

Dr. H. H. Moore
4501 Monmouth Ave.
10-12 am

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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, fact should be so stated above.