S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 8220

Registrar's No. 566

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Old Peoples' Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 year 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Miss Frances A. Crickman
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 21 (Day) 1858 (Year)

8. AGE: Years 85 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Clay County, Ill., (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Gilbert Crickman
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Sarah J. Marefield
15. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mary E. Craig
(b) Address 6600 Washington Ave.,
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Flora Ill
18. (a) Signature of funeral director Chas M. Burke
(b) Address East St. Louis, Ill
19. (a) MAR 6 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1944 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb. 1, 1944, to Mar. 4, 1944; that I last saw h. alive on Feb 27, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Melanosis of foot, senility	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address 607 N. Grand Date signed 3-5-44

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill.

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.