S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29234

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8171

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

0
17
9

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:
Park Lane Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community U
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State California (b) County
(c) City or town Berkley NR
(If outside city or town limits, write "RURAL")
(d) Street No. 1255 Monterey Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Mae Crosby

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 8 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	16	hr. min.

9. Birthplace Ofallon (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Corbridge
13. Birthplace (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Fannie Tinker
15. Birthplace (City, town, or county) England (State or foreign country) 4

16. (a) Informant Dr. Clarence Edwin Crosby
(b) Address Festus Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 25 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Berkley, California

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewoodm, Mo.

19. (a) SEP 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 year 1944 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Sept 17th, 1944, to Sept 24th, 1944; that I last saw h. ex. alive on Sept 24th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock — Duration 22 hrs.
Contributory cause Cardiovascular hypertension.
Due to Gastric resection & entero-stomy
"Carcinoma of Stomach"
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach
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 E. B. Walters (M. D. or other)
Address Kirkwood, Mo. Date signed 9-24-44

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1456 Manchester

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.