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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8501
Registrar's No.

FILED OCT 20 1944

Registration District No. 318 Primary Registration District No. 1903

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Transit to Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 002
17
21

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

(d) Street No. 1935a Carr
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Crooms

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

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 May Unk. 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1944 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	49	5	?	hr. min.

Duration

Coronary Thrombosis

Due to _____

Due to _____

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

9. Birthplace _____ Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name C. A. Croom

13. Birthplace N. Carolina 1
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jacobss

15. Birthplace S. Carolina 1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Carrie Frost

(b) Address 1456 Lawrence, E. St. Louis, Ill.

17. (a) Burial
(b) Date of death 10-7-44
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede

19. (a) OCT 6 1944 J. F. Bredeck
(Data received local registrar) (Registrar's signature)

(Specify type of place)

While at work? _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed 10/4/44

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

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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

W. M. Green

44-5-01

Licensed Embalmer No. *1173*

P. O. Address. *3517 Paolde a*

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.