. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35763

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 9953

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: St. Louis Isolation Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-18-1944 (Specify whether
In this community 11-20-1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

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

(d) Street No. 5203 Theodosia
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sallie Crandall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Dec. Unk. 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	Unk.	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William A. Moss
13. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ramsey
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof 11-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) NOV 23 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1944 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from 11-18 1944, 19, to 11-20-, 1944
that I last saw her alive on 11-20-1944, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Broncho
Hypertensive Heart Disease
Generalized Arteriosclerosis
~~Due to~~ Coronary Thrombosis
Cerebrovascular accident

Due to

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature R. W. Maxwell (Sm Case M.D.) (M. D. or other)

Address Isolation Hosp. Date signed

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.