. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3331

State File No.

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 2840

1. PLACE OF DEATH:

(a) County Maplewood St Louis Co.
(b) City or town Kirkwood Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7735 Jerome
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mississippi
(c) City or town East Prairie Mo. 67
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? — 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lee W. Crews (Crews)

3. (b) If veteran, name war None

3. (c) Social Security No. 500-16-1762

4. Sex Male

5. Color or race White

6. (a) Single, ~~widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife Nelia

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. 27, 1894 (Month) (Day) (Year)

8. AGE: 50 Years 50 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace East Prarie (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Geo. Crews
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Cora Wood
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Nelia Crews
(b) Address East Prarie, Mo.

17. (a) Buraial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Dog Wood Cem. East Prarie

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood

19. (a) JAN 22 1945 (Date received local registrar) (b) E. G. McGovran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Jan 14, 1945 to , 19 ;
that I last saw him alive on Jan 14th, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Disease of Heart

Due to Syphilitic Heart Disease.

Due to

Other conditions
(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

23. Signature A. J. Martin (M. D. ~~or other~~)
Address East Prairie Mo. Date signed 1/18-45

(Licensed Embalmer's Statement on Reverse Side)

JUL 27 1951

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 3450

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

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No.....

P. O. Address.....

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.