

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38216

State File No. _____
Registrar's No. 3289

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town RETON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MILLER NUR. HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County St Louis
(c) City or town St Louis City
(If outside city or town limits, write "RURAL")
(d) Street No. 7607 TEASDALE AV U. CITY 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs JULIA F. CROW
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 12
year 1946 hour 12 minute 30 M.
21. I hereby certify that I attended the deceased from Nov. 4th, 1946, to Nov. 12th, 1946,
that I last saw her alive on Nov. 10th, 1946,
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased SEPT 8 1858
(Month) (Day) (Year)

Immediate cause of death _____ Duration
Acute Myocarditis 4 days
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
88 2 4 hr. _____ min.
9. Birthplace _____ TENN /
(City, town, or county) (State or foreign country)

Other conditions Chr. Arteriosclerosis 6 Mo.
(Include pregnancy within 3 months of death)
Interstitial Nephritis
Major findings: _____
Of operations no
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Wm. H. COLEMAN
13. Birthplace _____ TENN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)
16. (a) Informant MARVIN M. CROW
(b) Address 7607 TEASDALE AV U. CITY
17. (a) BURIAL (b) Date thereof 11-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELLINGTON, MO
18. (a) Signature of funeral director ROWLAND FUNERAL HOME
(b) Address 4355 WASHINGTON AV.
19. (a) 11-14-46 (Date received local registrar)
(Registrar's signature) [Signature]

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. H. Walters (M. D. XXX)
Address 3608 S. Grand Blvd. Date signed 11/13/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
37031

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..... *Alex Campbell*.....
Licensed Embalmer No..... *3881*.....
P. O. Address..... *St. Louis, Mo.*.....

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.