No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11238

FILED APR 8 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3204

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:
4 No. Kingshighway Blvd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. # 4 Kingshighway Blvd. No. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELLA T. McLAIN.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Liberty Crowford.

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

7. Birth date of deceased Dec. (Month) 18 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
93	3	8	hr. min.

9. Birthplace London, (City, town, or county) England (State or foreign country) 4

10. Usual occupation at home

11. Industry or business

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

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

16. (a) Informant Mrs. David L. Ewing.
(b) Address # 4 No. Kingshighway Blvd.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 3/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) MAR 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1947 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 28th 1947, to Mar. 26 1947 and that I last saw her alive on Mar 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Broncho + Pneumonia	
Due to Cerebral hemorrhage	
Due to General arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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 0

23. Signature W. H. Olmsted (M. D. or other)
Address 3720 Washington Date signed 3/26/47

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington
St Louis
8-1

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 Raymond L. Harris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.