

FILED MAY 2 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14738

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 6063

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis (Dartmouth Ins.)  
(b) City or town St. Louis (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Age of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DOVA E. CRABTREE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /  
6. (b) Name of husband or wife D. Crabtree 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased: December 4 1885  
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Benton County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jess Bering  
13. Birthplace Benton County Mo  
14. Maiden name Mary Featch  
15. Birthplace Benton County Mo

16. (a) Informant G. J. Crabtree

(b) Address Concession Mo

17. (a) Burial (b) Date thereof 3-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo

18. (d) Signature of funeral director J. B. ...  
(b) Address 2403 S. ...  
19. (a) 4-24-47 (b) W. H. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1947 hour 1:12 minute P. M.

21. I hereby certify that I attended the deceased from Oct 15, 1946, to March 28, 1947; that I last saw her alive on March 28, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration \_\_\_\_\_

Due to Cerebral hemorrhage 3 days

Due to arterial hypertension unknown

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations g. j. 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. J. Crabtree (M. D. or other) \_\_\_\_\_  
Address 2403 S. ... Date signed 3-28-47

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

13  
09

RECEIVED  
District Health Officer No. 7,  
District File Number 4-47-523  
District File Number 5-1-47  
Date Filed

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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 J.B. Gaidner

Licensed Embalmer No. 3038

P. O. Address Preserve 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.