

FILED AUG 8 1947 318

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Registrar's No. 6967

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Wash 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 325 Pine
(If rural, give location) 1716 Belle Glade

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS TENSHER

3. (b) If veteran World War I name was _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Della

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

7. Birth date of deceased June 20th 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxia

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation severely employed

11. Industry or business _____

12. Name Jessie Crenshaw

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Della Crenshaw

(b) Address 1716 Belle Glade

17. (a) burial (b) Date thereof 7-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Thomas Cross

(b) Address 3644 Finney Ave

19. (a) JUL 26 1947 (b) _____
(Date received by registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause of death which 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 Patric K. Taylor (M. D. or other) _____

Address Deputy Coroner Date signed 7-25-47

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

MOTHER FATHER

AUG 19 1947

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 _____

Gom Carter

Registered Apprentice No. 500

working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Othello, 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.