S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13981
Registrar's No. 3807

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2130 O'Fallon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Crow
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race COL.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June? (Month) 15 (Day) 1871 (Year)

8. AGE: Years abt-76 Months Days If less than one day hr. min.

9. Birthplace Boonville, MO (City, town, or county) (State or foreign country)
10. Usual occupation HouseWife
11. Industry or business

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

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

16. (a) Informant Roy Tillman
(b) Address 2216 Dickson ST.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director W. Robinson & Sons
(b) Address 2216 Dickson ST.
19. (a) APR 22 1948 (Date received local registrar) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 5 minute 55 a M.

21. I hereby certify that I attended the deceased from April 2, 1948 to April 16, 1948 that I last saw her alive on April 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis; — Duration Undet.
Hypertensive Heart Disease
Due to
Due to
Other conditions Old Fracture left Hip
(Include pregnancy within 3 months of death)
Major findings: Did not contribute to the cause of death
Of operation
Of autopsy No

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 Oscar F Daniels (M. D. or other)
Address 2601 N Whittier Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

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

Langston H. Swann, Registered Apprentice No. 101,

working under my personal supervision.

Signed G. C. Green

Licensed Embalmer No. 2963

P. O. Address 4214 DELMAR.

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.