S. No. 2
M—1/47
v. 5-17-39

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

17498

FEDERAL SECURITY AGENCY
National Office of Vital Statistics 1

FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5016

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Missouri Baptist Hospital (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 Missouri (b) County 000

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

(d) Street No. 4961 Laclede Ave. (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 12

If yes, name country

3. (a) PRINT FULL NAME TREACY CROMWELL WILL.

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 Married.

6. (b) Name of husband or wife Herbert C. Will.

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

7. Birth date of deceased DEC. (Month) 15, (Day) 1891. (Year)

8. AGE: Years 56 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John Edward Cromwell.
13. Birthplace Lexington, (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Margaret W. Robards.
15. Birthplace Harrodsburg, (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Dr. Herbert C. Will.
(b) Address 4961 Laclede Ave.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof June 1 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum.

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

19. (a) JUN 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1948 hour 12 minute 20 P M.

21. I hereby certify that I attended the deceased from April 20, 1948 to May-29 1948 that I last saw her alive on 5/29 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Obstruction of Colon	1 week
Due to Carcinoma of Cecum	4 Mos
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations Carcinoma Head of Cecum
Of autopsy

PHYSICIAN
Underline the cause of 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 Cleveland Bhatt (M. D. or other) MD

Address 220-N-4th Date signed 5/31/48 St Louis-2 Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

220 N. 4th
CH 2345
1:30 to 4

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.