

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. _____

FILED JUN 24 1948
200

Registration District No. _____

Primary Registration District No. 2047 5725

Registrar's No. 331

1. PLACE OF DEATH:

(a) County Macon
(b) City or town macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.H.O.S., 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 3 da.
(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 Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 131 Portland Terrace
(If rural, give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nora M Crider

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William P. Crider
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 29 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 14 hr. _____ min.

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

10. Usual occupation Clerk, Famous Barr Co.

11. Industry or business Retired

MOTHER FATHER

12. Name McAnnis

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Georgia Finks

(b) Address 131 Portland Place, Webster Groves

17. (a) Burial (b) Date thereof May 15, 1948
(Burial, cremation, or removal) (City or town) (County) (State)

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

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton St. St. Louis, Mo.

19. (a) 6/7/48 (b) Paul McCreedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1948 hour 9 minute 20 a. M.

21. I hereby certify that I attended the deceased from Mar. 10 1948
to May 13 1948
that I last saw her alive on May 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy 930

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 2

23. Signature Anna L. Mank (M. D. or other) _____
Address Macon Mo Date signed 5/13/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-48-109

Date JUN 22 1948

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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: