

FILED JUL 23 1948  
318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: Infirmiry Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11/25/47 to 7/18/48  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

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. 2823 Laclede  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RUTHIE CROCKETT

3. (b) If veteran, name war no

3. (c) -Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race negro.

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 54 yrs. 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

abt 34 hr. \_\_\_\_\_ min.

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

10. Usual occupation House work.

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

12. Name Allen M. Caine

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

14. Maiden name Jessie Lee

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

16. (a) Informant Harry McLean

(b) Address 2823 Laclede Ave

17. (a) Burial (b) Date thereof 7-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas Ill

18. (a) Signature of funeral director A. McQueen

(b) Address 3517 Laclede Ave

19. (a) JUL 21 1948 (b) J. F. Brecken  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 11, 1948, to July 18, 1948, that I last saw her alive on July 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 30 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Mental Deficiency  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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) \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_

23. Signature Masao Okamoto MD (M.D. or other) \_\_\_\_\_

Address 5600 Arsenal Date signed 7/19/48

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

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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

*P. M. Green*

Licensed Embalmer No. 1173

P. O. Address 3517 S. Cedar

**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.**