

FILED AUG 12 1948

Registration District No. 210

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No.

24450

6886

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community years, months or days

3. (a) PRINT FULL NAME ESTELLE KREWSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE. 1 5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife IVAN KREWSON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT 29 1911
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 3
If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business OWN

12. Name JESSE ALLEN CREECH

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

14. Maiden name PAULINE (City, town, or county) (State or foreign country)

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

16. (a) Informant IVAN KREWSON

(b) Address 173 Le May Gardens

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 5-48
(Month) (Day) (Year)

(c) Place: burial or cremation DIXON MO.

18. (a) Signature of funeral director E. J. Schuler

(b) Address 3125 Lafayette Ave.

19. (a) AUG 5 - 1948 (Date received local Registrar) (b) J. B. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 96
(c) City or town LE MAY
(If outside city or town limits, write "RURAL")
(d) Street No. 173 Le May Gardens
N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1948 hour 9 minute 45 p. M.

21. I hereby certify that I attended the deceased from 8 June 48
to 9 August 48
that I last saw him alive on 9 August 48
and that death occurred on the date and hour stated above.

Immediate cause of death Placenta Praevia
colony with generalized metastasis
to liver, spleen, brain
Due to Bone (Lumbar vertebrae, sternum,
ribs, and pelvis bones), & Adrenal gland.
Due to ② Peritonitis, secondary to
perforation of the small colon due to ①

Duration

6+ months

2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy as above

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? (c) Means of injury

23. Signature J. R. Schwartzman M.D. (M. D. or other)

Address 539 N. Grand St. St. Louis Date signed 9/1/48

DEC 15 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

John Bollmer

Licensed Embalmer No. *4024*

P. O. Address

3125 Lafayette Ave

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.