

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14170

State File No. _____

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3496

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St. Clair, Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis, Illinois</u>	
c. LENGTH OF STAY (In this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) <u>1012 Tudor Ave. #120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Mary's Inst.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Crowell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1952</u>		
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5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 27 1905</u>	9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u> IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Bushier Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert Dickson</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl Dancy</u>	14. NAME OF HUSBAND OR WIFE <u>Odie Crowell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Odie Crowell</u> ADDRESS <u>1012 Tudor Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cover of Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions; if any, giving rise to the above cause (a) stating the underlying cause last. <u>Metastasis of liver</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>174X</u>
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22. I hereby certify that I attended the deceased from 4/1, 1951 to 4/11, 1952, that I last saw the deceased alive on 4/11, 1952, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edwin F. Warden</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>730 N. 2nd St.</u>	23c. DATE SIGNED <u>4/12/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>APR 15 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. G. Crigger</u> ADDRESS <u>1036 Tudor Ave. #120</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Bern H Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address Post Office

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.