

FILED FEB 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 0535

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0535

1. PLACE OF DEATH a. COUNTY 3146 Pine Street b. CITY OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 15 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes X No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) STREET ADDRESS (If rural, give location) 217 3146 Pine Street

3. NAME OF DECEASED a. (First) Mable b. (Middle) Cruthird c. (Last) Cruthird 4. DATE OF DEATH (Month) (Day) (Year) 1 16 1955

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH 2/28/1900 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 0 IF UNDER 24 HRS. Days 18 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Newbern, Tennessee 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Sam Willingham 13b. MOTHER'S MAIDEN NAME Frances Douglas 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Edge 4472 Cook Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema ANTECEDENT CAUSES Cardiac Hypertrophy Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X NO

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) 4343

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 1230 P.M., from the causes and on the date stated above.

23a. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED 1/19/54

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE Jan. 21, '55 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis County Mo

DATE REC'D BY LOCAL REG. 1 JAN 19 1955 REGISTRAR'S SIGNATURE Carl Smith MD FUNERAL DIRECTOR'S SIGNATURE W. Chambers ADDRESS 3100 Franklin

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Claude Gardner*

Licensed Embalmer No... *34*

P. O. Address *4575 A*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.