REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27692
Do not use this space.

Registration District No. 1003 (791)
Primary Registration District No.
Registered No. 7706

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Louise Crow
(a) Residence, No. St. NR Sullivan, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2/1930
7. AGE: Years 8 | Months 5 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, County Missouri. 0

FATHER
13. NAME William Crow 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, County Missouri. 0

MOTHER
15. MAIDEN NAME Florence Williamson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford County, Missouri.

17. INFORMANT Lillie Vickers
(ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE Sept. 1/ 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc.
(ADDRESS) 429 N. Euclid Ave.

20. FILED AUG 30 1938 J. D. Bredeck Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30/ 1938.

22. I HEREBY CERTIFY, That I attended deceased from 8/29/1938, 19.., to 8/29/1938, 19..
I last saw h.. alive on 8/29/38, 19.. Death is said to have occurred on the date stated above, at 2:40 AM on 8/30/1938
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis	8/27/38

Other contributory causes of importance:
Generalized Suppuration Peritonitis — with 0.1 FREE pus in peritoneal cavity

Name of operation None Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Dan Tucker Miller, M. D.
(Address) 818 Olive St.
Saint Louis, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 J. S. Sullivan

Licensed Embalmer No. 1122.

P. O. Address.....

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, above space should be left blank.