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.

DEC 12 1938

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

951

37616
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 2 1003

(b) Township ..... Primary Registration District No. 1 Registered No. 9943

(c) City St. Louis (d) Street No. 6136 Etzel 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 62 Olive K. Crews

(a) Residence, No. 6136 Etzel St. 5

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Curren B. Crews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Audrain Co. (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME L. P. Brown

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

MOTHER

15. MAIDEN NAME Nancy A. Gantt

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

17. INFORMANT Mrs. Martha B. Clacher (ADDRESS) 6136 Etzel Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem DATE Nov 19, 1938

19. FUNERAL DIRECTOR Shepard Funeral Home (ADDRESS) 1167 Hamilton Avenue.

20. FILED NOV 17 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1938, to Nov 16, 1938

I last saw h. E.R. alive on Nov. 9, 1938. Death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease	1926+
Diabetes Mellitus	1926
Hypertension	1926+

Other contributory causes of importance:

Prostatic enlargement	2 mos
Bilateral Cataracts	1937

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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) O. E. Lyford, M. D.

(Address) 4218 W. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)