

NOV 13 1939

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

33853
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. 1961 Laclede Ave 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

654 Margret Robards Cromwell
 (a) Residence, No. 1961 Laclede Ave. St. **12**
 (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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Cromwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1847-9-18

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 - 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg, Ky.

FATHER 13. NAME George Robards
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg, Ky.

MOTHER 15. MAIDEN NAME Lydia Holly,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg, Ky.

17. INFORMANT (ADDRESS) Mrs. A. D. Geissler, 1961 Laclede Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE 10/2/39

19. FUNERAL DIRECTOR (ADDRESS) Robert J. Ambruster, Clayton Rd. at Concordia Lane

20. FILED OCT 1 1939 J. H. Prebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to September 29, 1939

I last saw her alive on September 28, 1939. Death is said to have occurred on the date stated above, at 1:15 P.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes of importance:
Senility

Name of operation None Date of
 What test confirmed diagnosis? 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) H. E. Marri M. D.
 (Address) 4005 W. Florissant Ave.

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

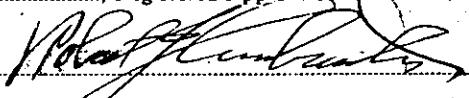
I, Robert J. Ambruster, Licensed Embalmer No. 1994

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  _____

Licensed Embalmer No. 1994

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.)