

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Wellston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 6217 Spencer Place  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Nellie P. Crow 600

3. (b) If veteran, name war

No

3. (c) Social Security No.

None

4. Sex

F

5. Color or race

W

6. (a) Single, widowed, married, divorced

M

6. (b) Name of husband or wife

George

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased

Oct. 27, 1889

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

5061

hr.

min.

9. Birthplace

Kentucky

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Jeau Brown

13. Birthplace

Kentucky

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Kentucky

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Geo. Crow

(b) Address

6217 Spencer Place17. (a) Burial(b) Date thereof 5/1/40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Concordia Cem

18. (a) Signature of funeral director

Dr. W. H. Laramie

(b) Address

2301 Lafayette Ave19. (a) MAY - 1 1940

(b)

(Date received local registrar)

W. H. Laramie

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6217 Spencer Place  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1940 hour 7 minute 25 P. M.21. I hereby certify that I attended the deceased from Apr 22  
1940, to Apr 28, 1940;that I last saw her alive on Apr 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Generalized Carcinomatosis  
originating in Cervix

Due to

(Diagnosis was made at Barnes Hospital St. Louis a couple years ago. Radium used at that time)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Of autopsy 

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)   
 (b) Date of occurrence   
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 

(Specify type of place)

Means of injury 

23. Signature

George Crow

(M. D. or other)

Address

6135 Barton Ave St. Louis

Date signed

5/1/40

**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 L. W. Casper.....

Licensed Embalmer No. 3633.....

P. O. Address 2301 Lafayette.....

**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.**