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Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis ³
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Enroute City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 25 years

3. (a) PRINT FULL NAME Ella Crew3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced D6. (b) Name of husband or wife Jackson 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Feb. 14, 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
62 9 20 hr. _____ min. 09. Birthplace Montgomery City, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name John Crew13. Birthplace Philadelphia, Penna.
(City, town, or county) (State or foreign country)14. Maiden name Lisa Jane Groves
(City, town, or county) (State or foreign country)15. Birthplace Zanesville, Ohio
(City, town, or county) (State or foreign country)16. (a) Informant John Crew(b) Address 1907 Rutger St17. (a) Burial (b) Date thereof 12/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cemetery18. (a) Signature of funeral director P. W. McLaughlin(b) Address 2301 Lafayette Ave19. (a) DEC 9 1940 (b) J. F. Breakeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis ²⁵
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1310 Cass Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1940 hour 12:30 minute P. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis;
Secondary Anemia;

Due to _____

Due to _____

Other conditions 113
(Include pregnancy within 3 months of death)Major findings: 113
Of operations _____

Of autopsy _____

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) (e) Means of injury 523. Signature W. H. Perry (M. D. or other) 5Address St. Louis, Mo. Date signed 12/9/40

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 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, fact should be so stated above.