

DEC 22 1941 **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days**
(Specify whether
In this community **6 months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2919 Lucas Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17,** 19**41**
year _____ hour **10** minute **05** A. M.
21. I hereby certify that I attended the deceased from **Nov. 4, 1941**
to **Nov. 17, 1941**
that I last saw h^{er} alive on **November 17, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
Athrepsia
Rickets

Duration
7 mos.

Due to _____

Due to **70** _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **102**

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)
(e) Means of injury **7**

23. Signature **D. Moore** (M. D. or other) _____
Address **2601 N. Whittier** Date **11-18-41**

3. (a) PRINT FULL NAME **Joyce Elaine Crook**

3. (b) If veteran, name war **No.** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife **Infant** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 17 1940**
(Month) (Day) (Year)

8. AGE: Years **1** Months **9** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Boonville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Gillie Crook**

13. Birthplace **Boonville Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Patterson**

15. Birthplace **Boonville Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Crook**

(b) Address **2919 Lucas Ave.**

17. (a) **Removal** (b) Date thereof **11-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **Nov 18 1941** (b) **J. F. Bredek**
(Date received local health) (Registrar's signature)

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.....

Albert G. Hopper

Licensed Embalmer No. *2971*

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, fact should be so stated above.