

No. 2
1-4-41
-17-39

X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28640

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7600

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12 11
(d) Street No. 1718 Wagoner Pl. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Genevieve Crane
3. (b) If veteran, name war no
3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William F. Crane 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 30, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 9 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Ed. Michael Stack
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brannon
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Crane
(b) Address 1718 Wagoner Place
17. (a) Burial (b) Date thereof Sept. 12/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) SEP 12 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1942 hour 10 minute 35 P.A.M.
21. I hereby certify that I attended the deceased from 8-11-1940 to 9-9-1942
that I last saw her alive on 9-9-1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to Hypertensive Vascular Disease
Other conditions _____
(Include pregnancy within 3 months of death) 85 82 87

Major findings: Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? Carl Weiss (e) Means of injury _____
23. Signature Hubert H. Boley (M. D. or other) _____
Address _____ Date signed 9-11-42

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

MOTHER FATHER

Mr. O.P.J. Falk
3664 Washington Ave

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.....

Nancy A. Plowman

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.