

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**1942** OCT 6 1942

Registration District No. 754

Primary Registration District No. 109

Registrar's No. 1886

1. PLACE OF DEATH

(a) County ST. LOUIS

(b) City or town MAPLEWOOD MO  
(If outside city or town limits, write "RURAL" and name of township)

3. (c) Name of hospital or institution MAPLEWOOD NURSING HOME #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 week  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferson

(c) City or town House Springs Mo. #1  
(If outside city or town limits, write "RURAL")

(d) Street No. Carena MO RRI  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

8. (a) PRINT FULL NAME JACKSON CROMWELL

8. (b) If veteran, name war NO

8. (c) Social Security No. None

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Laura Cromwell

6. (c) Age of husband or wife if alive Dead years 11 1864

7. Birth date of deceased NOV 11 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HOUSE SPRINGS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Oliver Cromwell

13. Birthplace Yorkton Penna  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Bourne

15. Birthplace Jefferson Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver Cromwell

(b) Address House Springs Mo

17. (a) Burial (b) Date thereof 9/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation House Springs Mo

18. (a) Signature of funeral director Annex W. Noel

(b) Address Keokuk Mo

19. (a) SEP 11 1942 (b) P. J. McNamee  
(Date received locally by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1942 hour 6 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 1, 1942 to Sept 7, 1942

that I last saw him alive on Sept 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to Hypertension 5 mo.

Due to \_\_\_\_\_

Other conditions J. B. I  
(Include pregnancy within 3 months of death)

Major findings: 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 \_\_\_\_\_

23. Signature Walter A. Dell (M. D. or other) MD

Address 7346 a Manchester Date signed 9/8/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 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. ~~4572~~ working under my personal supervision.

Signed Herman H. Koch  
Licensed Embalmer No. 4272  
P. O. Address Fenton, Mo.

**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.**