S. No. 2
M—2-43
5-17-3
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22900

State File No.

Registration District No. [illegible] / Primary Registration District No. [illegible] Registrar's No. 6574

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4345 Garfield
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Bettie Crutchfield

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Not Known

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 70 | Months | Days | If less than one day hr. min.

9. Birthplace Tipton Ten n. (City, town, or county) / (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Edward Terry
13. Birthplace Tipton Tenn. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Goodlee Neal
15. Birthplace Tipton Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant Edward Eugene Jackson
(b) Address 4345 Garfield Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 21 43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal U n Co.
(b) Address 2726 Lucas Ave.

19. (a) JUL 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19, year 1943 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 14, 1943 to July 19, 1943 that I last saw her alive on July 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension; Senility	Unk.
Pulmonary Edema	Terminal
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 2601 N. Whittier Date signed 7/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4231

P. O. Address 4219 a E Garfield

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.