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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33000**

FILED NOV 1 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **9360**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **1 hr.**  
(Specify whether years, months or days)

In this community **25 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ella Crenshaw**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Henry Crenshaw**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **October, 18th 1888**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>0</b>	<b>1</b>	<b>hr.</b> _____ <b>min.</b> _____

9. Birthplace **Jackson Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **Henry Kelly**

13. Birthplace **Atlanta Georgia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Tennie Huley**

15. Birthplace **Jackson Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Donie Davis**

(b) Address **4258a West Belle**

17. (a) **Burial** (b) Date thereof **10-23-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107 Finney Ave.**

19. (a) **Nov 22 1943** (b) **J. F. Bradeak**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **---**

(c) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1018a N. Pendleton**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** 19th  
year **1943** hour **11** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Sept. - 11th**  
**1943** to **Oct. 4 19th - 1943**  
that I last saw h **er** alive on **October - 19th - 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute capillary Bronchitis (Non-lobular - ar)**  
Due to **Unknown**

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

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
**Sept. 11th - 34th**  
**to Oct. 19th - 1943**

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

23. Signature **W. J. Johnson** (M. D. or other) \_\_\_\_\_  
Address **1046 N. Woodmanter** Date signed **10-21-43**

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

**STATEMENT BY LICENSED EMBALMER**

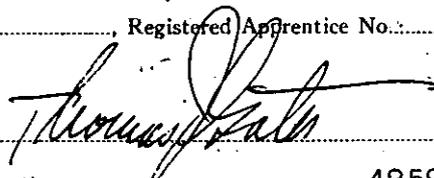
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Thomas J. Gates**

Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4259**

P. O. Address **4107 Finney Avenue**

**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.**