S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22916

State File No.

FILED AUG 8 1944

Registration District No. Primary Registration District No. 1003 Registrar's No. 6762

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:
residence: 1902 McCausland Ave.
(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: 000

(a) State Missouri (b) County 17

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

(d) Street No. 1902 McCausland Ave. 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Erswell V. Crenshaw

3. (b) If veteran, name war none

3. (c) Social Security No. 498-16-2445

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Catherine I, Crenshaw

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

7. Birth date of deceased Aug. 22, (Month) (Day) 1897 (Year)

8. AGE: — Years 46 Months 11 Days 20. If less than one day hr. min.

9. Birthplace Maysville, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation owner and manager

11. Industry or business delicatessen

FATHER
12. Name Giles Y. Crenshaw
13. Birthplace Maysville, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Anna Celeste Holmes
15. Birthplace Kenton, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Catherine I. Crenshaw
(b) Address 1902 McCausland Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd. St. Louis

19. (a) AUG 2 1944 (Date received by local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1944 hour 12:20 minute p. M.

21. I hereby certify that I attended the deceased from Mar 17. 1944 to Aug 1st 1944 that I last saw him alive on July 31st 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis failure — Duration 2 weeks

Due to Inanition — 5 months

Due to Carcinoma of Stomach, 10 years as determined by X ray

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operations
Of autopsy No 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 C. Frank Stone (M. D. or other)
Address 6677 N. Grand Date signed 8/2/44

(Licensed Embalmer's Statement on Reverse Side)

144

Dr. C. M. Stroud
University Club Bldg.
FR 2828
8-10 1-2

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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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.