S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18641

FILED JUN 30 1945 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5255

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: DAHLE NURSING HOME 5904 CATES AVE. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-months 4 (Specify whether In this community 2-months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Texas (b) County 11

(c) City or town Dallas (If outside city or town limits, write "RURAL")

(d) Street No. N.R. (If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME KATHERINE R. CRUSH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife Wm. G. Crush

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

7. Birth date of deceased July 3rd., 1870 (Month) (Day) (Year)

8. AGE: Years ~~75~~ 74 Months 11 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) N.J. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm. B. Rosenbaum
13. Birthplace (City, town, or county) N.J. 1 (State or foreign country)

MOTHER
14. Maiden name Anna Corfin
15. Birthplace (City, town, or county) N.J. 1 (State or foreign country)

16. (a) Informant Mrs. Ann H. Enders

(b) Address 5301 Page Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Dallas, Texas

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUN 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1945 hour 10:40 minute A M.

21. I hereby certify that I attended the deceased from March 9th 1945 to June 14, 1945; that I last saw her alive on June 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis General	5 yrs +
Due to Chronic nephritis Pyelitis cystitis	3 mo +
Due to Age. 53	
Other conditions Chronic arthritis. (Include pregnancy within 3 months of death)	
Major findings: Epithelioma ala nose.	
Of operations None. (External)	
Of autopsy None.	

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) No.

(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 Fred W. Clark (M. D. or other) M.D.

Address 1864 Hamilton Blvd. Date signed 6-14-45

(Licensed Embalmer's Statement on Reverse Side) St. Louis 12, Mo

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.