. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18307

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 4264

1. PLACE OF DEATH:
(a) County St. Louis
(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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 days (Specify whether years, months or days)
In this community 67 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County 999
(c) City or town Carbondale 11
(If outside city or town limits, write "RURAL")
(d) Street No. 800 W. Mill NR 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Dora Crowell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Major
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 14 (Day) 1876 (Year)
8. AGE: Years 69 Months 7 Days 24 If less than one day hr. min.
9. Birthplace Union County (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant W. N. Parker
(b) Address Carbondale, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery, Carbondale
18. (a) Signature of funeral director Parker Funeral Home
(b) Address Carbondale Ill.
19. (a) MAY 11 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1946 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 2, 1946 to May 8, 1946; that I last saw h.e alive on May 8, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	
Due to: Pyelonephritis, chronic, bilateral and	
Due to: acute pyelonephritis, left	
Other conditions (Include pregnancy within 3 months of death): carcinoma of bladder, urinary	

Major findings:
Of operations
Of autopsy Peritonitis, bilateral pyelonephritis

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 F R Bradley (M. D., ~~or other~~)
Address Barnes Hospital Date signed 5/9/46

(Licensed Embalmer's Statement on Reverse Side)

Emb separate certificate to be filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.