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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21638

State File No. \_\_\_\_\_  
Registrar's No. **5792**

**FILED** **JUN 12 1946**  
Registration District No. **1003**

Primary Registration District No. **1003**

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:  
**St. Louis City Hospital-Max C. Starkloff Memorial**  
(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:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4056 MAFFITT AVE**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **KATHERINE CROWE**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JAN 11, 1861**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **MONROE LA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
12. Name **RICHARD FULLAM**  
13. Birthplace **LA**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY THORNTON**  
15. Birthplace **LA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN P. CROWE**  
(b) Address **4056 MAFFITT AVE**  
17. (a) **BURIAL** (b) Date thereof **7-3-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **CALVARY CEM**

18. (a) Signature of funeral director **LULLIVAN BROS**  
(b) Address **2849 N. EUCLID AVE**  
19. (a) **JUL 1 1946** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30th**  
year **1946** hour **1:35** minute **A** M.  
21. I hereby certify that I attended the deceased from **6/26/46**  
\_\_\_\_\_, 19\_\_\_\_, to **6/30/46**, 19\_\_\_\_;  
that I last saw her alive on **6/30/46**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Transverse Colon** Duration **36 mo.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **H6**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy: **Examined**

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature **Richard C. Grant** **7/1/46** (b) **1515 Lafayette** (c) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **7/1/46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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 Robert L. Pinkman  
Licensed Embalmer No. #3553

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.**