

No. 2
M-5-43
5-17-39
X36871

FILED JUL 16 1946
318

Registration District No. Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City Hosp.
(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 Mo (b) County St. Louis

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

(d) Street No. 5041 Wells Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Muriel Crane

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

3. (c) Social Security No. _____

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 14 1913
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1946 hour _____ minutes _____ M.

21. I hereby certify that I attended the deceased from 6/13/46 to 6/18/46, 19____, and that I last saw her alive on 6/18/46, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

8. AGE: Years 32 Months 10 Days 18 If less than one day _____ hr. _____ min.

Due to Myocarditis - Chronic

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9th

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation House-wor

11. Industry or business _____

12. Name of father Patriek Crane

13. Birthplace of father Ireland
(City, town, or county) (State or foreign country)

14. Maiden name of mother Margaret O'Connell

15. Birthplace of mother Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Kingston

(b) Address 5041 Wells Ave

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-5-46
(Month) (Day) (Year)

(c) Place of burial or cremation Calvary

18. (a) Signature of funeral director J. F. Bredek

(b) Address 1225 Union Blvd

19. (a) JUL 3 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature D. L. Mistachkin While at work? _____ (Specify type of place) (c) Means of injury _____

Address 4487 Washington Date signed 7/3/46

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD
23991

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..... *Bernard Howard*

Licensed Embalmer No. *3500*

P. O. Address *1225 Quinn Blvd*

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.

1148 2nd Ave. New York