

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29872
Registrar's No. 1819

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5455 Hodiamont Avenue.
(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 96
(c) City or town Jennings.
(If outside city or town limits, write "RURAL")
(d) Street No. 5455 Hodiamont Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary M. Crooks.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed.

6. (b) Name of husband or wife John Crooks. 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased June 4, 1858.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>2</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Dont know. 9

13. Birthplace Dont know.
(City, town, or county) (State or foreign country)

14. Maiden name Dont know. 9

15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosalie Dougherty.

(b) Address 5455 Hodiamont Avenue.

17. (a) Burial (b) Date thereof 8-23-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue

19. (a) 8-25-47 (b) Beulah J. Hay
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1947 hour 2.30 minute _____ P.M./A.M.

21. I hereby certify that I attended the deceased from April 14, 1947
to Aug 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 16 min.

Due to Hypertension

Due to 83 6

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Albert Wall (M. D. or other) MD

Address 5322 Helen Ave Date signed 8/21/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Clement M. May

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.