

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36605
 Registrar's No. 2272

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jennings, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2614 Solway Street., /
(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. 2614 Solway Street.,
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Hattie Crable
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct 31 day _____
 year 1947 hour 7 PM minute _____ M.
 21. I hereby certify that I attended the deceased from Oct 1, 1947
 to _____, 19____, to _____, 19____
 that I last saw h. EL alive on Oct 24, 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife David Crable
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 4 1873
(Month) (Day) (Year)

Immediate cause of death Myocardial failure
Myocardial failure
 Due to heart disease
heart disease
 Due to ASU
 Other conditions None none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
73 11 23 hr. min.

Major findings: None none
 Of operations None none
 Of autopsy None none

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

10. Usual occupation Housewife
 11. Industry or business At Home

12. Name James Ferrill
 13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. Wallace
 (b) Address 2614 Solway Street.,
 17. (a) Burial (b) Date thereof 10/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None none
 (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? U

(c) Place: burial or cremation Potosi, Missouri
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

While at work _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Barney W Finkel (M. D. or other) MD
 Address 6510 W Florissant Date signed 10/27/47

19. (a) 10-30-47 (b) Barney W Finkel
(Date received local Registrar) (Registrar's signature)

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

MOTHER FATHER

0006

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.