S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6237 2250

FILED MAR 15 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6549 Odell Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hattie E. Crow

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 Inghram

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

7. Birth date of deceased September (Month) 27. (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	5	hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name David Coddington
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Clarence W. Crow
(b) Address 515 Dickson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.

19. (a) MAR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1948 hour 11:00 minute M.

21. I hereby certify that I attended the deceased from 5 yrs, 19, to 3/2/48, 19;
that I last saw her alive on 3-2-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocardial Failure	1 wk
Due to Chr. Myocarditis	2 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Walter D. Hofman (M. D. or other)
Address 3108 S. Grand Date signed 3/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 H. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.