

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38878

State File No. 10792

318

1003

Registrar's No. 10792

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or city) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2233 a, Walnut Street.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2233 a, Walnut Street.</u>				d. STREET ADDRESS (If rural, give location) <u>2233 a, Walnut Street.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) _____ c. (Last) <u>Croft</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>2</u> (Year) <u>1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 29, 1904</u>		
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lowndes County, Miss.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Sill Price</u>			13b. MOTHER'S MAIDEN NAME <u>Alleen Wright</u>			14. NAME OF HUSBAND OR WIFE <u>Fulton Croft</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fulton Croft</u>		ADDRESS <u>2233 a, Walnut street.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Fever</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>40 ft</u>				
22. I hereby certify that I attended the deceased from <u>11-19</u> , 19 <u>51</u> , to <u>Dec 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/2</u> , 19 <u>51</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>S. E. Moore M.D.</u> (Degree or title) _____				23b. ADDRESS <u>809 N. Jefferson</u>		23c. DATE SIGNED <u>12/4/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/7/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale, Miss.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksdale, Mississippi.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 5 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Roberts</u> ADDRESS <u>1416 N. Taylor Ave.</u>				

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Fulton E. Culkin*

Signed .....  
Student Embalmer

Licensed Embalmer No. *9198*

P. O. Address *132*

**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.