MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-034187
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8531

AMENDED

FILED SEP 21 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 9-22

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4142 Maryland, Ave.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4142 Maryland, Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida Middle: B. Last: Crow
4. DATE OF DEATH: Month Sept. Day 12 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10/20/1886
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Practical Nurse,
10b. KIND OF BUSINESS OR INDUSTRY: 3rd Baptist Church Nursery
11. BIRTHPLACE (City and state or country): Jackson County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Derrington
13b. MOTHER'S MAIDEN NAME: Sarah Ellen Dameron
14. NAME OF HUSBAND OR WIFE: Walter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
17. INFORMANT: Mrs. (Frank) Hattie D. Miller. Address: 400 North Market, Sparta, Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Squamous Carcinoma (vulva) — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 176.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1959 to Sept 12 1961 and last saw her alive on Sept 8, 1961
Death occurred at 8:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J.T. Jean M.D.
22b. ADDRESS: 4500 W. Pine 4500 W. Pine St Louis
22c. DATE SIGNED: 9.13.61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-15-61
23c. NAME OF CEMETERY OR CREMATORY: Ava Cemetery
23d. LOCATION (City, town, or county) (State): Ava, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc., ADDRESS: 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: SEP 13 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Geo W Wilkinson

Signature of Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.