MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38590

1. PLACE OF DEATH
County St Louis — Registration District No. 791
Township — Primary Registration District No. 1003
City St. Louis, Mo. (No. City Infirmary St. Ward)

File No.
Registered No. 11273

2. FULL NAME Albert Crouch
(a) Residence. No. City Infirmary 5800 Arsenal 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Louise Crouch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7 1848

7. AGE: 79 YEARS — MONTHS: 10 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: City of St. Louis.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Wm. Crouch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sarah Buxnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Marie Smith Effinger
(Address) City Infirmary

15. FILED DEC 17 1927 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 5th, 1927, to Dec. 15, 1927, that I last saw him alive on Dec. 15, 1927, and that death occurred, on the date stated above, at 5 15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
X0
93C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Tabes Dorsalis
72 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas W Lechner, M. D
, 19 (Address) 5800 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Walhalla Crematory — DATE OF BURIAL: Dec 18 1927

20. UNDERTAKER: Central — ADDRESS: 1841 Cass Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.