N 28 1929

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

Do not use this space.

19245

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 784

Township: St. Ferdinand — Primary Registration District No.: 6030

City: ..... (No. ....., ... St., ... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME James Edw. Crowder

(a) Residence. No. 5833 Janet St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 1927

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	3	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis

PARENTS

10. NAME OF FATHER Ray Henry Crowder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis

12. MAIDEN NAME OF MOTHER Sarrah T. Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT: Ray Crowder
(Address) 5833 Janet

15. FILED: May 18th 1929 — O. W. Schultz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 13th, 1929, to May 17th, 1929, that I last saw ..... alive on May 17th, 1929, and that death occurred, on the date stated above, at ..... s. ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
(Lobar)

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) —

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Frank K. Doane, M.D.

5/18, 1929 (Address) 6310 Florissant Ave

*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 Memorial Park — DATE OF BURIAL May 20 1929

20. UNDERTAKER Grover V. Mud Co. — ADDRESS 3710 N. Grand