

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 4209 Chouteau Ave)

File No. 24848

Registered No. 7007

2. FULL NAME

Christopher S. Crouch

(a) Residence. No. 4209 Chouteau St., 18 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 3 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Teamster
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Middletown Mo
(STATE OR COUNTRY)

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT William H. Crouch
(Address) 4209 Chouteau

15. FILED JUL 15 1930 REGISTRAR W. H. Crouch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1929 to July 14 1930 that I last saw him alive on July 14 1930, and that death occurred, on the date stated above, at 4:55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy, cerebral
hemorrhage
(duration) 1 yrs 6 mos 4 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 7401

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Crouch M. D.

7-15 1930 (Address) 4559 lead

*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 DATE OF BURIAL

Lansana Mo 7/16 1930

20. UNDERTAKER ADDRESS

Croghan 7146 Manchester Ave

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.

RECORD

