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

Do not use this space.

12742

File No. 4082

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. Frisco Hosp. St. Ward)

2. FULL NAME Stephen Crouch

(a) Residence. No. 1314 So. 7th St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	7	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Checker 1145

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

(c) Name of employer Frisco R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Spencer Crouch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ? England

12. MAIDEN NAME OF MOTHER Amelia Unknown

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

14. INFORMANT Mrs. Crouch
(Address) 1314 So. 7th St.

15. FILED ....., 19.. W. C. Farrell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 31 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-30, 1931, to 3-31, 1931 that I last saw h.. alive on 3-31, 1931, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia Rt.

59

108 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

(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 TESTS CONFIRMED DIAGNOSIS?

(Signed) T. Higgins, M. D.

3/31, 1931 (Address) 4960 Laclede

*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
Calvary Cem.	4-4 1931

20. UNDERTAKER	ADDRESS
Smith Bros. & McCo.	2929 S. Jefferson

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.

THIS IS A PERMANENT RECORD