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

Do not use this space.

File No. 32336

Registered No. 195

1. PLACE OF DEATH
County St Louis — Registration District No. 785
Township Bonhomme — Primary Registration District No. 3037
City Kirkwood (No. 573 S. Clay St. Ward)

2. FULL NAME Wm Crouch
(a) Residence. No. 573 S. Clay St., Ward. Kirkwood
(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.

OCT 26 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 27-1847

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
84	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): Southwestern Frt Bureau
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Jas. H. Crouch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Emma J. Parrish
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Margaret Crouch
(Address) 573 S. Clay Kirkwood Mo.

15. FILED 9/9, 1931 P. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9- 1931

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to Sept 8, 1931, that I last saw h. alive on Sept 8, 1931, and that death occurred, on the date stated above, at 9.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
PA
PA
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 20 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? Phys Exp
(Signed) Carl Wohl, M. D.
Sept. 9, 1931 (Address) 615-16 Mo Theatre Bldg.

*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: Bellefontaine Cemetery — DATE OF BURIAL 9/12 1931

20. UNDERTAKER: Louis H Bopp — ADDRESS Kirkwood Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.