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

Do not use this space.

10944

1. PLACE OF DEATH

County ..... Registration District No. 797 1002 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3022

City St. Louis (No. 6143 Hamilton Place St. ..... Ward)

2. FULL NAME Albert B. Crowder

(a) Residence, No. 6143 Hamilton Place 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Sprinklers

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Prairie Illinois

FATHER

13. NAME Daniel Crowder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sukertown 31

MOTHER

15. MAIDEN NAME Mary Buchanan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuckania

17. INFORMANT (ADDRESS) A. E. Crowder 7106 Ellendale Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellefontaine DATE March 29, 1932

19. UNDERTAKER (ADDRESS) Wagner 7N 3622 Olive St.

20. FILED MAR 28 1932 19.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 28, 1932, I last saw him alive on March 27, 1932. Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Mar 14/32
107A 107A	

Other contributory causes of importance: 1

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert L. Tausig, M. D.

(Address) 3720 Washington St. Louis

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.

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