

MAR 5 - 1937

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

Do not use this space.

8882

1. PLACE OF DEATH

County 011 Registration District No. 791
Township 1 Primary Registration District No. 1003
City St. Louis (No. 3617 Hartford St. 2) St. 1 Ward 1

File No. 2374
Registered No. 2374

2. FULL NAME John G. Crozier

(a) Residence, No. 3617 Hartford St. St. 16 Ward 1
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie L. Crozier		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1867		
7. AGE YEARS 75	MONTHS 10	DAYS 18 If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo. D. Barnard Ptg. Co	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana		
MOTHER FATHER	13. NAME John A. Crozier	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana	
	15. MAIDEN NAME Hattie Hoding	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana		
17. INFORMANT (ADDRESS) Jessie L. Crozier 3617 Hartford St		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Galvary</u> DATE <u>March 1 1937</u>		

19. UNDERTAKER Petz Brothers
(ADDRESS) 3029 Lafayette Ave

20. FILED FEB 27 1937 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 21 1937 to Feb 25 1937
I last saw him alive on Feb 25 1937 Death is said to have occurred on the date stated above, at 11:05 P.M.
The principal cause of death and related causes of importance were as follows:
La Grippe
Pneumonia
Hypertrophied Heart 1934

Other contributory causes of importance: _____

Date of onset 2/21/37
7/23/37

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) John J. Conroy M. D.
(Address) 100 N. Grand St.

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.

219

