JAN 10 1938

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

791 2/1

43594
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 11844

(c) City ST. LOUIS, MO., (d) Street No. 3405 LEOLA St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MEAVOINE CATHERINE CRUTCHER

(a) Residence, No. 3405 LEOLA St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 5, 1854

7. AGE: Years 83 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME

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

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MIDDLETOWN, MO.

FATHER

13. NAME DAVID H. COPENHAVER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA

MOTHER

15. MAIDEN NAME ELIZABETH JANE MOORE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PIKE COUNTY, MO.

17. INFORMANT WM. H. CRUTCHER
(ADDRESS) 5011 COLUMBIA AVE.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE MIDDLETOWN, MO. DATE DEC. 24, 1937

19. FUNERAL DIRECTOR JONES & WELLS
(ADDRESS) MIDDLETOWN, MISSOURI.

20. FILED DEC 24 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1937, to 12-23, 1937

I last saw h alive on 12-22, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Hypostatic Pneumonia, Bronchial — Date of onset 12-16-37

Other contributory causes of importance:

Gastric Ulcer Chronic

Name of operation ..... 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) D. Gustave Dahmer, M. D.

(Address) 1452 So. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

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Dr. Gustave Dahnke
1452 S. Grand Ave.
Gr. 2210
3:00 to 4:00
7:00 to 8:00 P

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Frank I. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)