MAY 31 1938 REC'D JUN 7 1938

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

19520
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Jefferson — Primary Registration District No. 111 — Registered No. 940
(c) City Richmond Heights, Mo. — (d) Street No. St. Mayys Hospital 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 Sheridan Crews 620
(a) Residence, No. 3442 Arlington St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1935
7. AGE: YEARS 2 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis Mo. 0

FATHER
13. NAME Una Crews 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER
15. MAIDEN NAME Fay Shull
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Una Crews 3442 Arlington
18. BURIAL, CREMATION, OR REMOVAL PLACE Puxico Mo. DATE June 2, 1938
19. FUNERAL DIRECTOR (ADDRESS) Stroot Carroll 4600 Natural Bridge
20. FILED MAY 31 1938 19 T. R. Meyer M.D. Dep. Fr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 1938
I last saw him alive on ....., 1938. Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis, mucous (acute)	5/28

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical signs Was there an autopsy? yes

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 O. Connell, M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

..... L. E. .....

No..... or by ....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)