REC'D AUG 12 1938

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

23507

Do not use this space.

791

1. PLACE OF DEATH
   (a) County —
   (b) Township —
   (c) City ST LOUIS
   (d) Street No. BARNES 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. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003

Primary Registration District No.

Registered No. 6201

2. PRINT FULL NAME WAYNE LIVINGSTON CRUTCHFIELD 63
   (a) Residence, No. 7350 Lindell St. NR University City, Mo.
   (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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF VIRGINIA CRUTCHFIELD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-26-1883

7. AGE: YEARS 54 | MONTHS 6 | DAYS 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED 5 YRS
9. Industry or business in which work was done, as saw mill, bank, etc. INSURANCE
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) THROTENMARTIN TEXAS 1

FATHER
13. NAME JAWES A CRUTCHFIELD 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEXAS 0

MOTHER
15. MAIDEN NAME MARTHA CONDRON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) Hugh C. Crutchfield 7350 Lindell Ave. University City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE HANNABLE DATE July 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Und Co Webster Groves Mo

20. FILED AUG 12 1938 J F Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-4-38, 19..., to 7-10-38, 19...
I last saw him alive on 7-10-38, 19... 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

aneurysm of arch of aorta
+ left carotid artery
Cardiac decompensation
arteriosclerotic heart disease

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? 1
If so, specify .....
(Signed) Edward Massie, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

L. L. Aldrich, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. L. Aldrich

Licensed Embalmer No. 1332

P. O. Address 15 W. Lockwood

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

If this body is not embalmed, above space should be left blank.