

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31061

Do not use this space.

791
1003

8498

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Missouri Street No. City Sanitarium 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Perry Crosby
 (a) Residence, No. Order Circuit Court City Sanitarium 15
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1860
 7. AGE YEARS 78 MONTHS - DAYS - IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-38, 19...
 22. I HEREBY CERTIFY That I attended deceased from 8-28-38, 19... to 9-4-38, 19...
 I last saw h. im. alive on 9-4-38, 19... Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation.....

Heart Failure (onset 9-1-38)
Chronic myocarditis
 Other contributory causes of importance:
Arteriosclerosis 1930 x
Senility 1930 x

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) So. Carolina

FATHER 13. NAME David Crosby
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) So. Carolina

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) So. Carolina

17. INFORMANT J.B. Varner, M.D.
 (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U. DATE 9-19 1938

19. FUNERAL DIRECTOR (NAME) W Richter
 (ADDRESS) 3500 Rutger St

20. FILE J.F. Bealeck
 Local Registrar.

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?.....
 If so, specify.....
 (Signed) John B. Varner, M. D.
 (Address) 5400 Arsenal

SEP 28 1938

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.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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