

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16697
Do not use this space.

4231

REC'D JUN 12 1939

1. PLACE OF DEATH
(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **4808 Cote Brilliante Ave** 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 **Edward F. Croak**
(a) Residence, No. **4808 Cote Brilliante** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Jan 29th 1894		
7. AGE YEARS 45	MONTHS 3	DAYS 6
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Express Man	
	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) St. Louis (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Patrick Croak	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama	
MOTHER	15. MAIDEN NAME Mary Friear	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada	
17. INFORMANT Mr. Wm. Croak (ADDRESS) 4808 Cote Brilliante		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 8th 19 39		
19. FUNERAL DIRECTOR (NAME) Stroot - Carroll (ADDRESS) 4600 Natural Bridge Ave		
20. FILE MAY 6 1939 J. F. Bricker Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5th** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **5/5** 19**39**, to **5/5** 19**39**
I last saw him alive on **5/5** 19**39**. Death is said to have occurred on the date stated above, at **11.45p**
The principal cause of death and related causes of importance were as follows:
Coronary Obstruction
Chronic Myocarditis
Date of onset

Other contributory causes of importance: **[Signature]**

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) **J. F. Bricker**, M. D.
(Address) **7901 W. Newstead**

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.

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. 2265

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.