

28 1939

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

23344
Do not use this space.

REC'D JUL 8 1939

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
(b) Township Wentworth Primary Registration District No. 200
(c) City Pacific or (d) Street No. Hainman #50 St.
(e) Length of residence in city or town where death occurred 71 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 1156

2. PRINT FULL NAME Ernest Crah,

(a) Residence, No. Pacific, Mo. #43. St. (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 none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1878

7. AGE YEARS 71 MONTHS 3 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

FATHER 13. NAME Gustav Crah,

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Johanna Mamert,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Emil Crah Pacific, Mo. #43.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pond, Mo. DATE June 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schraden Funeral Home Ballwin, Mo.

20. FILED JUN 28 1939 W. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939

22. I HEREBY CERTIFY That I attended deceased from June 1, 1939 to June 27, 1939
I last saw him alive on June 27, 1939 Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

myocarditis

Other contributory causes of importance: Pharyngitis

Name of operation X-Ray Date of no
What test confirmed diagnosis? X-Ray 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? no
If so, specify
(Signed) W. Meyer M.D. M. D.
(Address) Pacific, Mo.

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.

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.