

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.

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

Do not use this space.

AUG 11 1939

1. PLACE OF DEATH St. Louis, Missouri

County

Registration District No.

791

24227

Township

Primary Registration District No.

1008

File No.

6500

City

(No. St. Louis Maternity Hospital

St.

Ward)

2. FULL NAME Infant Crouse

(a) Residence, No. 2323 Whitmore Place St.

(Usual place of abode)

23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

\$10 am

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

July 13, 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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.

FATHER

13. NAME Crouse, William Marvin

MOTHER

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

Knox County, Ill

15. MAIDEN NAME

Harvey, Frances Augusta

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

Montgomery City Mo

17. INFORMANT (ADDRESS)

Wm. Marvin Crouse 2323 Whitmore Place

18. BURIAL, CREMATION, OR REMOVAL PLACE

St. Louis University 7-13-39

19. UNDERTAKER (ADDRESS)

Dept. of Pathology

20. FILED

AUG 25 1939

J. F. Bideck Registrar

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

7-13-39

22. I HEREBY CERTIFY, That I attended deceased from

7-13-39, 1939, to 7-13-39, 1939

I last saw him alive on 7-13-39, 1939. Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Patelectasis

Date of onset

Other contributory causes of importance

Prematurity 390 grams

Name of operation none Date of

What test confirmed diagnosis? Autopsy 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

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. K. Brown

M. D.

(Address) 630 So. Kingshighway Blvd.

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