

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

939

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 33480

Registration District No. 28433

Primary Registration District No. 106

Registrar's No. 1730

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Kirkwood  
 (c) Name of hospital or institution: AMINDA AVE  
 (d) Length of stay: In hospital or institution 15 years  
 In this community 15 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Kirkwood, Mo.  
 (d) Street No. 509 Arminda Avenue  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Malvina Crotheter 631  
 3. (b) If veteran, name war 210  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 1  
 year 1939 hour 9:25 minute 26 P. M.  
 21. I hereby certify that I attended the deceased from Oct 29 to Oct 1 1939

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Julius Crotheter 6. (c) Age of husband or wife if alive 85 years  
 7. Birth date of deceased May 15, 1863

that I last saw her alive on Oct 1 1939  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Chr myocardiitis

8. AGE: Years 76 Months 4 Days 16 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Duration 16 yrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace St. Louis Co. Mo.

Other conditions \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation House wife  
 11. Industry or business Own Home

MOTHER FATHER  
 12. Name Cornelius Carmam  
 13. Birthplace St. Louis Co., Mo.  
 14. Maiden name Katherine Smith  
 15. Birthplace St. Louis Co., Mo.

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant's own signature John Crotheter  
 (b) Address Kirkwood Mo  
 17. (a) Burial (b) Date thereof 10/4/39  
 (c) Place: burial or cremation M.E.C.M. MANCHESTER, Mo

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 Signature E. Barnett (M. D. or other) \_\_\_\_\_  
 Address Kirkwood Mo Date signed \_\_\_\_\_

18. (a) Signature of funeral director Harry Schrader  
 (b) Address Baldwin, Mo.  
 19. (a) OCT 3 1939 (b) E.R. Meyer  
 (Date received local registrar) (Registrar's signature)

Rev. 5-17-39  
 1 x1951

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**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

*Thio Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Baltimore, Md*

**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.**