FILED APR 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9303

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2786

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4115 Sarpy Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4115 Sarpy Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rose Catherine Crowder

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 20th (Day) 1880 (Year)

8. AGE: Years 59 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business

FATHER
12. Name Herman Crowder
13. Birthplace Hermann (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Clara Rehm
15. Birthplace Alsace-Lorraine (City, town, or county) (State or foreign country)

16. (a) Informant Albert F. Crowder
(b) Address 4115 Sarpy Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4104 Manchester Ave.

19. (a) MAR 25 1940 (Date received local registrar) (b) J. F. Bickel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1940 hour 9:35 minute P.M. M.

21. I hereby certify that I attended the deceased from March 7, 1940, to March 23, 1940; that I last saw h[illegible] alive on March 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic interstitial nephritis	3yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Lyman (M. D. or other)
Address 4000 Chouteau Date signed Mch 25 1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. John H. SIMON
4004 Chouteau

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.