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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9367

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2850

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs. (Specify whether years, months or days) In this community 10 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 26

(d) Street No. 2804 North Broadway (If rural, give location)

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

3. (a) PRINT FULL NAME Baby Crader, #2

3. (b) If veteran, name war ---

3. (c) Social Security No. Unknown

4. Sex Male

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 March 2, 1940 (Month) (Day) (Year)

8. AGE: Years ----- Months ----- Days ---- If less than one day 10 hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER 12. Name Charles Crader,

13. Birthplace Ark. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Matilda Buersmeyer

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Morrison

(b) Address City Hospital, #1

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation Kirkwood Crematory

18. (a) Signature of funeral director Edward Van Fossen

(b) Address City Morgue

19. (a) MAR 27 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2, year 1940 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from March 2, 1940 to March 2, 1940 that I last saw him alive on March 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 H. M. Kihm (M. D. or other)

Address 1515 Lafayette, Date signed 2/4/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.