

Registration District No. **7911**Primary Registration District No. **1003**

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: Enroute City Hospital
 (If not in hospital or institution, write street number or location) **B**
 (d) Length of stay: In hospital or institution 9 years
 (Specify whether years, months or days)
 In this community 9 years
 years, months or days)

3. (a) PRINT FULL NAME GEORGE G. CROW3. (b) If veteran, name war none 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased May 14, 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	3	16	hr. min.

9. Birthplace Alabama
(City, town, or county) (State or foreign country)10. Usual occupation Blacksmith

11. Industry or business

12. Name Thomas Crow13. Birthplace South Carolina
(City, town, or county) (State or foreign country)14. Maiden name Margaret Ellrod15. Birthplace Alabama
(City, town, or county) (State or foreign country)16. (a) Informant Lula Crow(b) Address 3883 Washington Bl.17. (a) burial (b) Date thereof Sept. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lakewood Park Cemetary18. (a) Signature of funeral director A. W. W. Laughlin(b) Address 2301 Lafayette St.19. (a) SEP 2 1940 (b) [Signature]
(Date received local registrar) (Registered date of)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis **19**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3883 Washington Bl.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 30
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis DurationDue to Chronic MyocarditisDue to Chronic MyocarditisOther conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)Major findings: Of operations Chronic MyocarditisOf autopsy Chronic Myocarditis

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?.....

While at work? (Specify type of place) (e) Means of injury 523. Signature [Signature] (M. D., or other)Address [Signature] Date signed.....

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 Paul A. Keith
Licensed Embalmer No. 3612
P. O. Address 2317 Lafayette

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, fact should be so stated above.