. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 412

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 412

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: 2501 Slattery St. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County 000

(c) City or town St. Louis Mo. 207 (If outside city or town limits, write "RURAL")

(d) Street No. 2501a Slattery St. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Adolph Monroe Crevoisier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Adaline Crevoisier

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June (Month) 2nd (Day) 1869 (Year)

8. AGE: Years 71 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Portageville (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Insurance Salesman

11. Industry or business

FATHER
12. Name Ed. Crevoisier
13. Birthplace (City, town, or county) 5 France (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant R. E. Crevoisier

(b) Address 2501 Slattery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 10/41 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Portageville Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Bl. 7414

19. (a) JAN 15 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 9th year 1941 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from 1-4-, 1941, to 1-9, 1941, that I last saw him alive on 1-8-41, 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Broncho-Pneumonia | |
| Due to Chronic Myocarditis | |
| 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 0

23. Signature Lloyd L. Heid (M. D. or other)

Address 2739 N Grand Date signed 1/9/41

(Licensed Embalmer's Statement on Reverse Side)

412 412

**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 John Letter

Licensed Embalmer No. 3880

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.**