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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27020

Registrar's No. 6812

FILED SEP 17 1941

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

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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: Luthern Hospital
(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 DEACESED:
(a) State Illinois (b) County Madison 999
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. 313 W. Linden
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years. 2

3. (a) PRINT FULL NAME Edward Lewis Crabtree
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 21 (Day) 1941 (Year)
8. AGE: Years X Months X Days 5 If less than one day hr. min.
9. Birthplace Edwardsville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Edward Crabtree
13. Birthplace Worden (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Lena Franke
15. Birthplace Madison Co. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Edwrad Crabtree
(b) Address Edwardsville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) AUG 21 1941 (Date received local registrar) (b) J. F. Wedlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st year 1941 hour 3 minute 30a M.
21. I hereby certify that I attended the deceased from Aug. 20, 1941, to Aug. 21, 1941; that I last saw him alive on Aug. 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital atresia of Ileum with acute	4 days
Due to Bowel obstruction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Congenital atresia of ileum
Of autopsy None

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 Ruth H. Hauser (M. D. or other) M.D.
Address 365 Grandel Bldg. Date signed 8/22/41

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalmer

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, fact should be so stated above.