

FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No.

33469
8425

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos, 14 days
(Specify whether
In this community 23
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4418 Blair
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22,
year 1941 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from August
8, 1941 to October 22, 1941
that I last saw him alive on October 22, 1941
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of the bladder (urinary)
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations same

Of autopsy same

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 _____

23. Signature M. R. Johnson (M. D. or other) _____
Address 2515 Lafayette Ave. Date signed 10/23/41

3. (a) PRINT FULL NAME John Crews

3. (b) If veteran, name war Nil 3. (c) Social Security No. 491-16-9275

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 15 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 7 hr. min.

9. Birthplace Ava Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Domestic

12. Name John Crews

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

14. Maiden name Charity Carr

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

16. (a) Informant Mrs. Sadie Musgrave

(b) Address 227 Douglas St.

17. (a) Burial (b) Date thereof 10/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Cuedemeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) OCT 24 1941 (b) J. F. Budek
(Date received) (Registrar's signature)

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

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

Alfred J. Proedster

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

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.