

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4226

Registrar's No. 1161

Registration District No. 791

Primary Registration District No. 4002

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
315 Russell ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)  
In this community 20 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Crabtree

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 November 16 1921  
(Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Harrisburg Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Crabtree

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

14. Maiden name Mary Young

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

16. (a) Informant Elizabeth Crabtree

(b) Address 315 Russell ave

17. (a) Burial Cemetery Mt. Hope Cemetery (b) Date thereof Feb. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) FEB 5 1942 (b) J. F. Minter  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 Russell ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4  
year 1942 hour 8 minute 55 a. M.

21. I hereby certify that I attended the deceased from on Feb 3, 1942  
to Feb 3, 1942 19\_\_\_\_; that I last saw him alive on Feb 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis Duration One year  
Pulmonary 4 months  
Abdominal 2 days  
Due to Meningeal

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) No  
(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) (c) Means of injury MO  
23. Signature Leroy E. Ellison (M. D. or other) mo  
Address 3166 SO Broadway Date signed 2/7/42

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

*W. Stearns, Ellicott  
7% B. Stearns, Mason*

**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 *Linus C. Hoffmeister*  
Licensed Embalmer No. *2871*  
P. O. Address *7814 S. Broadway*

**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.**