

Registration District No. **1751**

Primary Registration District No. **100**

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

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:
2153 College Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **None**
(Specify whether
 In this community..... **78 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **2153 College Ave**
(If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Margaret Crouch**
 3. (b) If veteran, name war..... **None**
 3. (c) Social Security No..... **None**

4. Sex..... **Female**
 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Not available**
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **October 19, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	4	12	hr. min.

9. Birthplace..... **Holland**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....
 12. Name..... **Unknown**
 13. Birthplace..... **Holland**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Unknown**
 15. Birthplace..... **Holland**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs Edward D. Koeller**
 (b) Address..... **2153 College Ave**

17. (a) **Burial** (b) Date thereof..... **3/6/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**
 (b) Address..... **2161 East Fair Ave**

19. (a) **MAR 5 - 1942** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **3**,
 year..... **1942** hour..... **7:30 PM** minute..... M.

21. I hereby certify that I attended the deceased from.....
Feb 15 - 41 19 to **March 3** 19 **42**
 that I last saw her alive on..... **March 3** 19 **42**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Paralysis of Heart
Chronic myocarditis
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

Duration
 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..... **D. A. P. [Signature]** (M. D. or other)
 Address..... **3121 N. [Address]** Date signed..... **3-3-42**

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 *William G. Buchler*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

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.