

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location) **0**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **7** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5618 Park Lane Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **Zella Crowder**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 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 **June 18 1908**  
(Month) (Day) (Year)

8. AGE: Years **33** Months **8** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**

11. Industry or business **Retired**

12. Name **Jesse O. Crowder**

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

14. Maiden name **Anna Heller**

15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ian O. Crowder**

(b) Address **5618 Park Lane**

17. (a) **Burial** (b) Date thereof **3-14-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905r Union Blvd.**

19. (a) **MAR 12 1942** (b) **J. J. Medek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **11**  
year **1942** hour **2** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **December 31**, 19 **41** to **Mar. 11**, 19 **42**  
that I last saw him alive on **3. 11**, 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** / 4 hrs.  
**Coronary Heart Disease** / yrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Bacterial Endocarditis** / no.  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: **none**  
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? \_\_\_\_\_

23. Signature **Louis A. Cole** (M. D. or other) **(M.D.)**  
Address **Jewish Hospital** Date signed **3.12.42**  
While at work? \_\_\_\_\_ (Specify type of injury) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_ **0**

*W. Carter  
General Hospital*

**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 *Warren A. Carver*  
Licensed Embalmer No. *3534*  
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.**