

FILED APR 8 1942 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 mos. 2 dys.  
(Specify whether  
In this community About 39 years  
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. 4433 Garfield  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JAMES CRUTCHFIELD

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

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased 4-1-1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Unknown Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

12. Name James Madison Crutchfield

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Wooten

(b) Address 4433 Garfield Ave

17. (a) Burial (b) Date thereof 3-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director M. E. Dowell

(b) Address 1711 N. Taylor Ave

19. (a) MAR 13 1942 (b) J. P. Budek  
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1942 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from 4-7-42, 1942, to 3-8-42, 1942;  
that I last saw him 1m alive on 3-8-42, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Heart Disease

Due to 4-7-42x

Due to Terminal Pneumonia  
Bronchial 3-6-42

Other conditions 93A  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy Yes

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 J. P. Budek (M. D. or other)

Address Date signed

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

00  
17  
9

no  
17  
9

**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.....  
..... *William C. McRowell* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William C. McRowell*  
Licensed Embalmer No. *2114*

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.**