

FILED JUN 22 1942 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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: St Louis Children's Hosp. - D
(If not in hospital or institution, write street number location)
(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 St Louis
(c) City or town _____
(If outside city or town limits, write "RURAL" _____)
(d) Street No. 6518 1/2 West Florissant
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Louis Crowder

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

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 Nov 1933
(Month) (Day) (Year)

8. AGE: Years 8 Months 5 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation school boy

11. Industry or business Corpus Christi School

12. Name Ray, H Crowder

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

14. Maiden name Sarah Theresa Lewis

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

16. (a) Informant Roy W Crowder

(b) Address 6518 1/2 Florissant Ave

17. (a) Burial (b) Date thereof June 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director G. J. ...

(b) Address 3710 N Grand Blvd

19. (a) JUN 17 1942 (b) J. F. ...
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1942 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 4 yrs.
Ac. Pneumonia Myocarditis 3 mths.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration
4 yrs.
3 mths.

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. F. ... (M. D. or other) _____
Address St. Louis Date signed _____

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

000
17
9

MOTHER FATHER

844

287
38120

12

889 02

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 me

Registered/Apprentice No.

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.