

38
S. No. 2
M-9-4-41
v. 5-17-39
X29484
38
10
17
9

25770

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6901**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days.**
(Specify whether

In this community **8 days.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **125**
(If outside city or town limits, write "RURAL")

(d) Street No. **6000 Emright Ave** **95**
(If rural, give location)

(e) Citizen of foreign country? **no** **0** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **EVELYN CROUCH**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15**, year **1942** hour **3:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **August 8**, 19 **42** to **August 15**, 19 **42** that I last saw h. **er** alive on **August 15**, 19 **42** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **H. Clifton Crouch**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Feb. 7 1895**
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage (into-ventricles)**

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

47 6 8 hr. min.

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

10. Usual occupation **at home**

Major findings:
Of operations.....

Of autopsy **as above.**

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name **unknown Van Fussen**

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

14. Maiden name **unknown**

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

16. (a) Informant **H. Clifton Crouch**

(b) Address **6000 Emright Ave.**

17. (a) **burial** (b) Date thereof **8-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **C. R. Rupton & Sons**

(b) Address **7233 Delmar Blvd.**

19. (a) **AUG 17 1942** (b) **J. J. Madach**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature **Dom Petersen** (M. D. or other) **8/17/42**
Address **1515 Lafayette Avenue** Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Embalmer's Report Certificate filed 8/17/82

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.....

Licensed Embalmer No.....

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.