

FILED APR 19 1943 18

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:
Enroute City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 17 92 2

(c) City or town City
(If outside city or town limits, write "RURAL")

(d) Street No. 1242 South Ninth
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Everett Crocker

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Ettna 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased March 21 1913
(Month) (Day) (Year)

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

29 II 27 hr. min.

9. Birthplace Bismarek Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Midwest Pipe Supply CO

MOTHER FATHER { 12. Name James Crocker

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Nora Stuart

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Cole

(b) Address 1015 Rutger

17. (a) Burial (b) Date thereof 3-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) MAR 19 1943 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1943 hour 10 minute 40 A.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 Acute Gastritis Hemorrhagic
Passive congestion Liver &
both Kidneys

Due to _____

Due to _____

Other conditions None
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 3-19-43

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

L. R. Casper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.