

S. No. 2
OM-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

15989

State File No. _____

FILED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4664

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:
1194 Hodiamont Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elmer N. Crone Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 Oct. 10, 1930.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>12</u>	<u>7</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation School boy

11. Industry or business _____

MOTHER FATHER

12. Name Elmer N. Crone Sr.

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

14. Maiden name Mable Waggoner

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

16. (a) Informant Mrs. Mable McCullen

(b) Address 1130A Williams St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/43.
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 1130A Williams St.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1943 hour 5.20 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of brain from gunshot wound inflicted at the hands of one Phillip Crowley, in the home at 6318a Spencer, St. Louis Co., Mo., about 4:15 o'clock PM, May 17th, 1943. ACCIDENT.

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

Major findings:
Of operations _____
Of autopsy _____

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) ACCIDENT

(b) Date of occurrence 5-17-1943

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME

While at work? _____ (Specify type of place)
(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature Alfred J. Perry (M.D. or other)
Address _____ Date signed 5/18/43

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

Henry M. Brammer
.....
Licensed Embalmer No. *4200*

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.