

S. No. 2
M-2-43
5-17-39
1 X35867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22896**
Registrar's No. **7056**

AUG 12 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution **St. Louis Children's Hospital**
(d) Length of stay: In hospital or institution **9 Days**
In this community **9 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**
(c) City or town **East St. Louis**
(d) Street No. **760 Pershing Blvd.**
(e) Citizen of foreign country? **no.**

3. (a) PRINT FULL NAME **ROBERT WESLEY CRICK**

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 _____ years

7. Birth date of deceased **July 13 1943**

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

9. Birthplace **B. St. Louis, Illinois**

10. Usual occupation **child**

11. Industry or business _____

12. Name **Vernon Crick**

13. Birthplace **Kentucky**

14. Maiden name **Elizabeth Watson**

15. Birthplace **St. Louis - Illinois**

16. (a) Informant **M. Watson**

(b) Address **510 Mo. Ave, St. Louis Ill**

17. (a) **Burial** (b) Date thereof **August 1943**

(c) Place: burial or cremation **Dak Hill Cem. - Kentucky**

18. (a) Signature of funeral director **Des W. Brucher Jr., Mo.**

(b) Address **218 State St., St. Louis Ill**

19. (a) **J. P. Brudeck** (Registrar's signature)

20. DATE OF DEATH: Month **August** day **third** year **1943** hour **5** minute **30** p. M.

21. I hereby certify that I attended the deceased from **7-25-** 19**43** to **8-3-** 19**43**; that I last saw him alive on **8-3-** 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
Dysentery
Furunculosis

Due to _____

Due to **119**

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

While at work? _____

23. Signature **John H. Daval** (M. D. or other)

Address **500 S. Kingsleyway** Date signed _____

Duration **2-3 days**
1 week
" "

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

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

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 Ben K Baldwin
Licensed Embalmer No. 2470
P. O. Address St Louis Ill

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.