S. No. 2
M—2-43
5-17-39
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26564

FILED SEP 11 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7709

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: 4336 Lafayette ave 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17 000 17 9

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

(d) Street No. 4336 Lafayette ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM E. CROWE

3. (b) If veteran, name war No

3. (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 April (Month) 27th (Day) 1913 (Year)

8. AGE: Years 30 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Aniston (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name William J. Crowe
13. Birthplace Henderson (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Haley
15. Birthplace Henderson (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant William J. Crowe
(b) Address 4336 Lafayette ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) AUG 27 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25th year 1943 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 6/28, 1943, to 8/21, 1943 that I last saw him alive on 8/21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Epilepsy	
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Albert H Zirkel (M. D. or other) A.C.
Address 6920 Va Ave Date signed 9/2/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Refusis or Zubeck or Dr. Perry
6920 Virginia Lo. 6920
10-11 or 2-4

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.