

FILED OCT 13 1943 318 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 8694

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Sanitarium 2
(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 Dudley Crank
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 18 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Female City Sanitarium

11. Industry or business _____
12. Name Wm. Crank
13. Birthplace Wm. Crank 9
(City, town, or county) (State or foreign country)
14. Maiden name Wm. Crank
15. Birthplace Wm. Crank 9
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Stephens
(b) Address 1300 Lafayette
17. (a) Funeral Home (b) Date thereof 1-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. J. Stephens
18. (a) Signature of funeral director W. J. Stephens
(b) Address 3500 Rutledge
19. (a) SEP 30 1943 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5300 Central 25
307 1/2 Market (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 12
year 1943 hour 11 minute 10 A.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 Asphyxiation from Duration _____
Aspirated food into Bronchi
while eating at city
Dues Sanitarium Sept 12 1943

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) Accident 000
(b) Date of occurrence Sept 12 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? no (Specify type of place) (e) Means of injury food
23. Signature Alfred G. Perry (M. D. or other) _____
Address Albany, Co. Mo. Date signed 9/22/43

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

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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.