V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29835

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 7961

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: 6212 Marmaduke 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
(c) City or town St. Louis 93
(If outside city or town limits, write "RURAL")
(d) Street No. 6212 Marmaduke Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RACHAEL E. CROZIER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John C. Crozier
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Nov. (Month) 22nd (Day) 1885 (Year)

8. AGE: Years 57 Months 9 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joseph K. Scott
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Minnie Muir
15. Birthplace Somerset (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant John C. Crozier
(b) Address 6212 Marmaduke Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd
19. (a) SEP 2 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1943 hour 8:45 a minute M.
21. I hereby certify that I attended the deceased from July 1, 1943 to Sept 5, 1943
that I last saw her alive on Sept 3, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Lear Peritonitis Ca of Sigmoid — Duration 6 days 6 mos?
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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 John Cormor M.D. (M. D. or other)
Address 508 N. Grand Date signed 9/7/43

(Licensed Embalmer's Statement on Reverse Side)

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 S. 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.