

FILED NOV 20 1943

1003

Registration District No.

318

Primary Registration District No.

9907

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:
Josephine Heitkamp Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days.
In this community 0 years, months or days (Specify whether)

3. (a) PRINT FULL NAME GEORGE A. CROKER

3. (b) If veteran, name war None 3. (c) Social Security No. 493-05-3250

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophie Croker 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased December 21, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 19 hr. min.

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

10. Usual occupation Operating Engineer

11. Industry or business

12. Name Dont know.

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

14. Maiden name Dont know.

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

16. (a) Informant Mrs. Sophie Croker

(b) Address Valley Park, Missouri

17. (a) Burial (b) Date thereof 11-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Avenue

19. (a) NOV 12 1943 (b) J. J. Prusich
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. 230 Jefferson Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1943 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 10/1 1943 to 11/10 1943
that I last saw him alive on 11/10
and that death occurred on the date and hour stated above

Immediate cause of death Ischaemic obstruction

Due to Spontaneous rupture of aorta

Due to 11/7

Other conditions (Include pregnancy within 3 months of death)

Major findings: Dependent edema, generalized intestinal adhesion

Of operation Dependent edema, generalized intestinal adhesion

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? (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) (or) (Specify type of place) (or) (Specify type of place)

While at work (Specify type of place) (or) (Specify type of place) (or) (Specify type of place)

23. Signature L. A. Melchior (M. D. or other)

Address 2608 S. Kingshighway Date signed 11/12/43

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

20
17
9

096
16
NR 0

Duration
2 wks

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

Dr. L.A. Millikan.
2608 So. Kingshighway Blvd.
9 to 12 A. M.
Grand 0928

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 Ben Hoffman
Licensed Embalmer No. 4366
P. O. Address St Louis, Mo

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.