

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

29664

State File No. 11487  
Registrar's No.

FILED JAN 3 1944 318  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4912a Devonshire Ave.  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 4912a Devonshire Ave.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME James B. Crews  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 21st  
year 1943 hour 1:30 minute A.M. M.

4. Sex Male 5. Color or Race White  
6. (a) Single, widowed, married, divorced, Widower  
6. (b) Name of husband or wife Late Helen Crews  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 18th 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-20-42, 19 to 12-21-43, 19  
that I last saw him alive on 12-21-43, 19, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
84 3 3 hr. min.

Immediate cause of death: Cerebral hemorrhage (left hemisphere)  
Due to  
Due to  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Franklin County Mo.  
10. Usual occupation Carpenter

11. Industry or business  
12. Name Unknown Crews  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

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?

16. (a) Informant Mrs. Pearl Temperli  
(b) Address 642 Hollywood Pl. W.G.  
17. (a) Burial (b) Date thereof 12-23-43  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Kriegshauser Mortuaries  
(b) Address 4228 So. Kingshighway Blvd.  
19. (a) DEC 21 1943 (b) J. F. Braddock (Registrar's signature)

23. Signature O. C. Fisher M.D. (M. D. or other)  
Address 4523 S. King Highway Date 12/21/43

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

MOTHER FATHER

*Mr. O. G. Gordon*

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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 *Elmer A. Mc Dermott*

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.**