

FILED JAN 20 1944

1003

State File No.

Registrar's No. 12040 ✓

Registration District No. 318

Primary Registration District No.

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: Enroute to City Hospital ?
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether Life) (Specify whether years, months or days)

3. (a) PRINT FULL NAME STEVE F. CROCKER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 9th 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 2 21 _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Crocker
13. Birthplace Goodwater Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Barger
15. Birthplace Shepherd, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Crocker
(b) Address 1887a So. 14th St.

17. (a) Burial (b) Date thereof 1/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELGRADE
Name _____

18. (a) Signature of funeral director A. H. M. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) REG (b) J. F. Pudelek
(Registrar's signature) (Registrar's signature)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis 9-23
(If outside city or town limits, write "RURAL")
(d) Street No. 1887a So. 14th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia primary
Due to _____
Due to _____
Other conditions _____
(Includes 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature James J. Pudelek (M. D. or other) _____
Address 1306 6th St. Date signed 1/3/44

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

12040

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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 *L.R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.