

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

**FILED AUG 18 1945**

Registration District No. **1945** Primary Registration District No. **1005** Registrar's No. **6928**

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

**1. PLACE OF DEATH:**

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether  
In this community 35 years D (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

Missouri

(a) State..... (b) County..... 0001  
17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 722

(d) Street No. 2612a Market St.  
(If rural, give location)

(e) Citizen of foreign country? D (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** Andrew Crutchfield

**3. (b) If veteran, name war** None **3. (c) Social Security No.** None

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

**6. (b) Name of husband or wife** Lillie Crutchfield **6. (c) Age of husband or wife if alive** 59 years

**7. Birth date of deceased** Sept. 13, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>66</u>	<u>10</u>	<u>20</u>	hr.	min.

**9. Birthplace** McKenzie Tenn  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Laborer

**11. Industry or business** Unemployed

**12. Name** Fate Nelson

**13. Birthplace** unknown 9  
(City, town, or county) (State or foreign country)

**14. Maiden name** Eliza Curtis

**15. Birthplace** Henry County Tenn  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Lillie Crutchfield

**(b) Address** 2612a Market St.

**17. (a) Removal** (b) Date thereof 8/7/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** E. St. Louis, Ill.

**18. (a) Signature of funeral director** R.M.C. Groop

**(b) Address** 3517 Loclede Ave.

**19. (a) AUG 6 1945** J. F. Madach  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 3,  
year 1945 hour 6 minute 00 P. M.

**21. I hereby certify that I attended the deceased from** July 20,  
1945 to August 3, 19 45  
that I last saw h. im alive on August 3, 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis (far advanced) Unk.  
Duration

Due to.....

Due to..... 136

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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?  
While at work?..... (Specify type of place) (e) Means of injury.....

**23. Signature** B. F. Murphy (M. D. or other)

Address 2601 N. W. Jackson Date signed 8/4/45

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

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

*Melvin Edward Green*

Registered Apprentice No. *383*

working under my personal supervision.

Signed

*M. E. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Larchdale Ave*

**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.**