

S. No. 2
COM-2-43
v. 5-17-39
-1 X3598

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1945
Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3070

State File No. 24927
Registrar's No. 1806

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 960 Providence Avenue
(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 Missouri (b) County Saint Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 960 Providence Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Crites
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Betty Crites
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased July 5 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from April 13 1945 to July 16 1945
that I last saw him alive on July 7 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Prostate (metastatic bladder) urinary.
Duration 1 year

8. AGE: Years 91 Months 0 Days 11 If less than one day _____ hr. _____ min.
9. Place Oakridge Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Cotton Belt Railroad
12. Name William Crites
13. Birthplace Oakridge Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bell Sides
15. Birthplace Oakridge Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Edith O'Haver
(b) Address 960 Providence Ave.
17. (a) cremation (b) Date thereof 7/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director M. G. Crumley
(b) Address 7146 Manchester Avenue
19. (a) 7-18-1945 (b) C. G. McCarver
(Date received local registrar) (Registrar's signature)

Due to _____ 516
Due to _____
Other conditions Myocarditis
(Include pregnancy within 3 months of death) 3 days
Major findings: Of operations none
Of autopsy none
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 W. J. Sainsbury (M. D. _____)
Address 3808 - Lafayette Date signed 6/16/45

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

76
7
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MOTHER FATHER

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 *Albert G. Kaffer*.....

Licensed Embalmer No..... *2971*

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: