

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

FILED SEP 31 1945

Registration District No. _____ Primary Registration District No. **1003**

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 H Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5611 So West Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Crooks

3. (b) If veteran, name war No

3. (c) Social Security No. 492-20-0084

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jane

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 27 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>11</u>	<u>11</u>	hr. min.
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9. Birthplace Plymouth Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance

11. Industry or business City of St. Louis

12. Name Humphrey Crooks

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

14. Maiden name Jane McCormick

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

16. (a) Informant Mrs Margaret Crooks

(b) Address 5611 So West Ave

17. (a) Burial (b) Date thereof 9-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial
C. HOFFMISTER COLONIAL MORTUARY

18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa

19. (a) SEP 10 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1945 hour 9 minute 00 AM.

21. I hereby certify that I attended the deceased from 8-28-45 19. to 9-8 19. _____
that I last saw him alive on 9-7 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis Duration 1 day

Due to _____

Due to _____

Other conditions Herniotomy for Hernia 10 yrs
(Include 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? _____

23. Signature Mustang Darius (M. D. or other) _____
Address 1802 So Grand Date signed 9/10/45

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

00
17
9

Dr. G. Dahms
1542 S Grand
GR 2200

7-8
1-30-4

118 0-05-20

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.