

FILED NOV 23 1945 STANDARD CERTIFICATE OF DEATH 1003

State File No. **35158**
Registrar's No. **9813**

Registration District No. **318** Primary Registration District No. _____

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

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2416 G. Elliott ave 1
 (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)

3. (a) PRINT FULL NAME: John A CREWS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced M 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3 14 1869
 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Mo (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation unemployed

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country) 9

15. Birthplace _____ (City, town, or county) _____ (State or foreign country) 9

16. (a) Informant William Nation

(b) Address 1928 Montgomery st

17. (a) Burial (b) Date thereof 11-15-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Central Bur Co

(b) Address 1841 Cass ave

19. (a) NOV 13 1945 (b) _____ (Registrar's signature) Wredsch

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County W 17
 (c) City or town St Louis (If outside city or town limits, write "RURAL") 7 20
 (d) Street No. 2416 G. Elliott ave (If rural, give location) ELLIOT
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
 year 1945 hour 7 minute 30 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 _____ Duration _____
Lobar pneumonia

Due to _____

Due to _____ 108

Other conditions _____ (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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____
 23. Signature Patrick Taylor (M. D. or other) Dep Cor 3
 Address 1300 Oak Date signed 3-45

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

John Agavoski

Licensed Embalmer No. *3398*

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.