S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39057

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10811

1. PLACE OF DEATH:

(a) County St. Louis

(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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community x
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. 6223 Southwood
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Henry Thomas Crews

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-046

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Olno Thompson Crews

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 7 (Month) 22 (Day) 1885 (Year)

8. AGE: Years 60 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Fullton, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Cashier

11. Industry or business Public Service Company

FATHER
12. Name ? ?
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Becker
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry T. Crews
(b) Address 6223 Southwood

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane

19. (a) DEC 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-10-45 day year hour 1 minute 30 PM.

21. I hereby certify that I attended the deceased from , 19 , to 12-10-45 , 19 ; that I last saw him alive on 12-10-45 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder urinary 4 yrs

Due to 52

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Bladder

Of autopsy No

Duration

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 [signature] (M. D. or other)

Address Frisco Building Date signed 12-11-45

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Vinchrusto

Licensed Embalmer No. 1994

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.