

FILED

9 1946

State File No. 2

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 550

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Richmond Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Marshall C. Crouch

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Edna F.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month)

7th (Day) 1879 (Year)

8. AGE: Years 66 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Dewitt Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher
11. Industry or business Principal Fremont School

12. Name Richard J. Crouch

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

14. Maiden name Philena Foster
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna F Crouch Wife

(b) Address 3228 Copelin Ave

17. (a) Removal (b) Date thereof Mar 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dewitt Iowa
Petz Funeral Home

18. (a) Signature of funeral director _____
(b) Address 3029 Lafayette Ave

19. (a) 3-5-46 (b) E. H. Garant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3228 Copelin Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
year 1946 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Aug 4, 1946 to Feb 28, 1946
that I last saw him alive on Feb 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 2-5-46

Due to nephrosclerosis ?
acute nephritis 1-4-46

Due to _____ 130

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

Major findings: _____
Of operations _____

Of autopsy See above

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? _____ (c) Means of injury _____

23. Signature E. Lee Schrader (M. D. or other) _____
Address 3720 Washington Date signed 2/28/46

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

5940

MAR 27 1946

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.....
Licensed Embalmer No. 2245
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.