V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18308

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4660

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: 3756 Shreve Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 717
(If outside city or town limits, write "RURAL")

(d) Street No. 3756 Shreve Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Charles V. Crusius

3. (b) If veteran, name war No

3. (c) Social Security No. 494-09-9231

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva Crusius

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 17, 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Night Porter

11. Industry or business Stix-Baer-Fuller

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

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

16. (a) Informant Mrs. Eva Crusius
(b) Address 3756 Shreve Ave.

17. (a) Burial (b) Date thereof May 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 24 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Mar 46, 19 , to May 22, 1946 that I last saw him alive on 5-22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca. of Prostate	3 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51

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 Chas. S. Rosen (M. D. or other)
Address 539 N. Grand, St. Louis MO Date signed 5-24-46

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Arcade Closed
Stix Baer & Fuller Hospital
10th floor 9.30 to 12 Friday

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 A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.