

Registration District No. 318

Primary Registration District No. 1003

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: St. Luke's Hospital  
(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 CRYSTAL B. MUNROE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 5. (a) Single, widowed, ~~married~~ divorced 2

6. (b) Name of husband or wife Frank E. 6. (c) Age of husband or wife if alive De. years

7. Birth date of deceased Oct 19 - 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 - 7 15 hr. min.

9. Birthplace Bangor, Me.  
(City, town, or county) (State or foreign country)

10. Usual occupation Home Work

11. Industry of business \_\_\_\_\_

12. Name Mrs. Emergent

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

14. Maiden name Wangford

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

16. (a) Informant Wm. S. Brimer

(b) Address 7368 Melrose Ave

17. (a) None (b) Date thereof 5/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lady sainte Wisc.

18. (a) Signature of funeral director Robert E. Jones

(b) Address 6175 Delwood Bn.

19. (a) MAY 20 1946 (Date received local Registrar) J. J. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7368 Melrose  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1946 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from May 28 1946 to May 29 1946  
that I last saw him alive on May 29 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of COLON  
of OVARY and LIVER Duration 4 mo  
Primary site - colon  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions RECTO-VERGAL, F. STULA  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of  
Of operations above  
Of autopsy Carcinoma with general metastases of abdomen

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) no  
(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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature Chas E. Hyndman (M. D. or other) M.D.  
Address 3722 Washington Date signed 5/20/46

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

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17  
9

17023

*Rep cert filed*

*MAY 30 1956*

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.....

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.**