

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38512

FILED DEC 9 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10094

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oaw
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9-17
(d) Street No. 2020a Adelaide Ave
(If rural, give location) 9-9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

George J. Crocker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Crocker 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 19 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>3</u>	<u>4</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation Asst. Mgr

11. Industry or business Kiel Auditorium

12. Name George Crocker

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

14. Maiden name Rose Moenikes

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Heln Crocker

(b) Address 2020a Adelaide Ave

17. (a) Burial (b) Date thereof Nov. 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANALIA CEM.

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat. Bridge Blvd

19. (a) NOV 26 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1946 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from January 18th, 1946, to Nov 23, 1946
that I last saw him alive on Nov. 23rd, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis, Mitral Stenosis
Due to: Primarily Rheumatic Heart.
Due to: Enlargement due to Heart
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: (See Hospital Report) Same as above

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. Max J. Jeger (M. D. or other) _____
Address 4244 N. Rowant Date signed 11/25/46

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

37051

7771 2-1-1024

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..... *Ralph C. Linders*.....
Licensed Embalmer No..... *4275*.....
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.