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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 24 1946**  
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**41893**

State File No. \_\_\_\_\_

Primary Registration District No. 3069

Registrar's No. 3542

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1171 Boland Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 YEAR  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1171 Boland Place  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WHILAMINA LOUISE CRUTCHER  
(b) If veteran, name war NONE (c) Social Security No. 492-07-8244

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 18th, year 1946 hour 5 minute 45A. M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Benton Crutcher  
(c) Age of husband or wife if alive 57 years  
7. Birth date of deceased: January 3rd 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15th, 1946, to Dec 18th, 1946; that I last saw him alive on Dec 16, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
56 11 14 5 hr. 45 min.

Immediate cause of death: Carcinoma of left ovary with metastases Bone.  
Due to \_\_\_\_\_  
Due to 490

9. Birthplace: Quincy Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Cashier

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Carcinomatosis  
Of operations \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John Joseph Flaiz  
13. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name M. Kathe  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marian Petersen  
(b) Address 1171 Boland Place  
17. (a) Burial (b) Date thereof Dec. 20 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation St. Boniface Cem. Quincy  
18. (a) Signature of funeral director Watson Bocklage Ill  
(b) Address 6536 Clayton Rd.  
19. (a) 12-21-46 (b) Arthur B. Bland  
(Date received local registrar) (Registrar's signature)

23. Signature Arthur B. Bland (Date signed) \_\_\_\_\_  
Address 2739 No 4th and Blvd

(Licensed Embalmer's Statement on Reverse Side)

12-1846

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

**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 *D. W. Wilkinson*  
Licensed Embalmer No. *3575*

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.**