

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2373
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 21

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

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:
Missouri Pacific 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 William Presley Crider
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Crider 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 11, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 20 hr. min.

9. Birthplace Marion, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retired 10 years

12. Name Samuel Foster Crider

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

14. Maiden name Mary Ann Guess

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

16. (a) Informant Foster M. Crider

(b) Address 3107 Chaucer Avenue

17. (a) Burial (b) Date thereof Jan 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) JAN 3 - 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves.
(If outside city or town limits, write "RURAL")
(d) Street No. 131 Portland Terrace
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1, 1947
year 8 hour 20 minute P M.
21. I hereby certify that I attended the deceased from Jan 1, 1947 to Jan 1, 1947
that I last saw him alive on Jan 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
bronchopneumonia
Due to _____
Due to _____

Other conditions Old hemiplegia due to
(Include pregnancy within 3 months of death)
Arteriosclerosis
Major findings:
Of operations _____
Of autopsy _____

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)
(Specify type of place) (Cause of injury)

23. Signature Handwritten Signature (M. D. or other) M.D.
Address 3723 S. Kings Highway (Date signed 1-3-47)

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 Blair R. Caldwell

Licensed Embalmer No. 4077

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.