. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 29 1947
Registration District No. 847

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36606

Registrar's No. 2224

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Centaur, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Centaur Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 3 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Centaur 0
(If outside city or town limits, write "RURAL")

(d) Street No. Centaur Rd. 0
(If rural, give location) 0

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

If yes, name country None

3. (a) PRINT FULL NAME Infant Crider

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 Single 0

6. (b) Name of husband or wife ---------

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

7. Birth date of deceased October 20, 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 5 min.

9. Birthplace Centaur, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation ----------

11. Industry or business ----------

FATHER
12. Name Harold E. Crider 0
13. Birthplace Denton, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evelyn Kessels 0
15. Birthplace Pond, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harold E. Crider
(b) Address Centaur, Mo.

17. (a) Burial (b) Date thereof 10/ /47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem. Monarch, Mo.

18. (a) Signature of funeral director Schrader Fun'l Home
(b) Address Ballwin, Mo.

19. (a) 10-23-47 (b) Beal A. Shorp MD MSD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20, year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1947, to Oct 20, 1947 that I last saw him alive on Oct 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Birth (6½ mo)	
Due to Causes unknown	
Due to 159	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0

While at work? (e) Means of injury

Signature Henry F. Scott (M. D. or other) M.D.

Address Ballwin Mo Date signed Oct 21 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.