

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 477

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Jewish 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 NAMEArchie L. Crowder

3. (b) If veteran,

name war..... No

3. (c) Social Security

No. 493-01-94304. Sex Male race White

5. Color or

race White6. (a) Single, widowed, married,
divorced. Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

alive..... years

7. Birth date of deceased..... May 12, 1898.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
51 8 4 hr. min.9. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Saleman

11. Industry or business.....

12. Name..... David F. Crowder13. Birthplace..... Illinois
(City, town, or county) (State or foreign country)14. Maiden name..... Jane Julia Maloney15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)16. (a) Informant..... Jane Julia Crowder(b) Address..... 5945 Minerva Ave.17. (a) Burial (b) Date thereof..... Jan. 19/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Calvary Cem.18. (a) Signature of funeral director..... Jos. W. Clark(b) Address..... 1125 Hodiamont Ave.19. (a) JAN 16 1948 (b) J. F. Brubaker
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... ode
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6 5945 Minerva Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1948 hour 2:00 minute A.M.21. I hereby certify that I attended the deceased from
Feb. 11 1947 to Jan. 16 48that I last saw him alive on Jan. 15 48
and that death occurred on the date and hour stated above.Immediate cause of death..... Chondrosarcoma,
chest. Duration 1 yr.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....Of autopsy..... No

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..... J. F. Brubaker (M. D. or other)Address..... 462 N. Taylor Date signed 1-16-

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

MOTHER FATHER

Dr. I. C. Middleman
462 N. Taylor Ave.,
2.30--4 P.M.
JE. 9656.

256.E-72

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..... *Alfred J. Broecker*

..... Licensed Embalmer No..... 2663

P. O. Address *1125 Hodiament Ave.*

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.