S. No. 300
M—10-47
y. 5-17-39
I 3906

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

#81561
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2405

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1093

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mol (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2856 St. Louis Ave.
(If rural, give location)

Memorial 20

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE CROWE Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-05-1527

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Crowe

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. 3, 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation Packer

11. Industry or business Drug Package Co.

FATHER
12. Name Unknown 9
13. Birthplace " 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace " 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Crowe
(b) Address 2856 St. Louis Ave.

17. (a) Burial (b) Date thereof 2/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.

19. (a) FEB 3 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st
year 1948 hour 8 minute 55 A M.

21. I hereby certify that I attended the deceased from 1/9/48
, 19 , to Jan. 31st 19 48
that I last saw him alive on Jan. 31st 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis (yes) with dementia

Due to

Due to

Other conditions Pneumonia, broncho
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph C. Bedeu MD (M.D. or other)
Address 1515 Lafayette 1/31/48 Date signed

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1955

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.....4053.....

P. O. Address.....St. James.....

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.