

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Appx. 4 hours
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County how
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2627 Walnut St.
22 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Christopher Crockwell
3. (b) If veteran, name was No.
3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 19,
year 1948 hour 9:50 minute 30 P. M.

4. Sex Male 2 5. Color or race Col.
6. (a) Single, widowed, married / divorced Married
6. (b) Name of husband or wife Ardella Parks Crockwell
6. (c) Age of husband or wife if alive 745 years
7. Birth date of deceased Sept. 2, 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral apoplexy.
Duration

8. AGE: Years Months Days If less than one day
41 5 17 hr. min.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name Unk.

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

14. Maiden name Littler ?

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

16. (a) Informant Ardella Parks Crockwell
(b) Address 6 McHenry, So. Kinloch, Mo.

17. (a) Burial (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak dale Cemetery

18. (a) Signature of funeral director E. B. Koenig

(b) Address 1221 North Grand Blvd.

19. (a) FEB 24 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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)

White at work?..... (Means of injury)
Signature Gatrick & Taylor's Dep Car
(M. D. or other)

Address 1300 Clark Date signed 2-24-48

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

Theodore J. Gardner

Licensed Embalmer No. *4243*

P. O. Address *14 Myrtle St
Wethersfield, Conn.*

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.