FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6239
Primary Registration District No. 1003
Registrar's No. 1304

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: 1904a Blair Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1904a Blair Ave. 26
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Taylor Crunk
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 31st. 1947.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	6	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Charles Taylor
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Marie Syron
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Robert Crunk
(b) Address 1904 Blair Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem. Hy. Leidner U. Co.
18. (a) Signature of funeral director
(b) Address 2223 St. Louis Ave.
19. (a) FEB 8 (Date received local registrar) (b) J. F. Brehert (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 7th. year 1948 hour 8 minute 2 A.M.
21. I hereby certify that I attended the deceased from Feb 1st, 1947 to Feb 7, 1948 that I last saw him alive on Feb 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Primary	
Due to	
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)
While at work? (e) Means of injury
23. Signature Clyde B. Kane (M. D. or other) M.D.
Address 706 Walton Date signed 2-7-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.