S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 13974

Registrar's No. 3893

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Desloge Hospital 0
(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 Missouri (b) County 0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2704 Madison Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES W. CRANDALL

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 494-10-6420

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Cecilia Crandall

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

7. Birth date of deceased August 22 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Krey Packing Co.

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

MOTHER
14. Maiden name Emma West
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Cecilia Crandall 1
(b) Address 2704 Madison Ave.

17. (a) Burial (b) Date thereof 4/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan's
(b) Address 2849 No. Euclid Ave.

19. (a) APR 25 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1948 hour 12:15 PM. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage during removal of left lung, for Carcinoma, at Firmin Desloge Hospital, on April 22, 1948, 12:15 PM

Due to

Due to

Other conditions
(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? 3
(Specify type of place)

While at work? (e) Means of injury

23. Signature Mr. Alfred Varnell (M. D. or other) 3/24/48
Address 1300 Clark Date signed

(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 Robert L. Brinkman

Licensed Embalmer No. 3503

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.