

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17181
4687

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3904 Folsom Ave.				d. STREET ADDRESS (If rural, give location) 17 - 3904 Folsom Ave.					
3. NAME OF DECEASED (Type or Print) ALFRED		a. (First)		b. (Middle) B.		c. (Last) CRUTS		4. DATE OF DEATH (Month) (Day) (Year) May 27 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 10, 1906		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Maker		10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co.		11. BIRTHPLACE (State or foreign country) St. James, Mo.		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Alfred Cruts			13b. MOTHER'S MAIDEN NAME Loaa Parrish			14. NAME OF HUSBAND OR WIFE Agnes Cruts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Agnes Cruts		ADDRESS 3904 Folsom Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>acute indigestion</i> DUE TO (c) <i>Chronic appendicitis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Myocarditis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i> <i>2 yrs</i> <i>2 yrs</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <i>May 26, 1949</i> to <i>May 27, 1949</i> , that I last saw the deceased alive on <i>May 27, 1949</i> and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>W. L. Owen, M.D.</i> (Degree or title)				23b. ADDRESS <i>3833 Folsom</i>				23c. DATE SIGNED <i>5/27/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1949		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		24d. LOCATION (City, town, or county) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. MAY 28 1949		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway				

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stovesan

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.