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

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39707
State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 446

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Koch (If outside corporate limits, write RURAL and give township) //
c. LENGTH OF STAY (in this place) 175 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY City of St. Louis
c. CITY OR TOWN St. Louis (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS 1918a North Grand (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Irving c. (Last) Crews

4. DATE OF DEATH (Month) 11 (Day) 18 (Year) 49

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 8-1-00

9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker

10b. KIND OF BUSINESS OR INDUSTRY Dixon Welding Co.

11. BIRTHPLACE (State or foreign country) Fayette, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William Crews

13b. MOTHER'S MAIDEN NAME Annie Miller

14. NAME OF HUSBAND OR WIFE Myrtle Kenerling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-01-7011

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of Robert Koch Hospital

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 18 months (?)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 002X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-27-, 1949, *to* 11-18-, 1949, *that I last saw the deceased alive on* 11-18-, 1949, *and that death occurred at* 1:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Axel R. Gronau (Degree or title) M.D.
23b. ADDRESS Robert Koch Hospital
23c. DATE SIGNED 11/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/21/49
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. 11-19-49
REGISTRAR'S SIGNATURE Herbert R. Donsky, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1959

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 Albert R. Thompson

Licensed Embalmer No. 42 57

P. O. Address St Louis

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.