No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

318 1003 State File No. 13943 3820

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~XXXXX~~ St. Louis
c. LENGTH OF STAY (in this place) 5/31/49/4/20/51
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City/ Infirmary

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~XXXXX~~ St. Louis 2139
d. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Peter
b. (Middle)
c. (Last) Cruse

**4. DATE OF DEATH** (Month) (Day) (Year) 4 - 20-1951.

**5. SEX** Male
**6. COLOR OR RACE** Colored
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single.
**8. DATE OF BIRTH** Dec. 23, 1873
**9. AGE** (In years last birthday) 77 — If under 1 year: Months 3, Days 27 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Soldier
**10b. KIND OF BUSINESS OR INDUSTRY** U.S.Army
**11. BIRTHPLACE** (State or foreign country) East Bernstadt, Kentucky
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Steve Cruse.
**13b. MOTHER'S MAIDEN NAME** Mary White.
**14. NAME OF HUSBAND OR WIFE** —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-American
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** City Infirmary Records. ADDRESS

**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) Hypertensive Cardiovascular

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**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?** 44 X

22. *I hereby certify that I attended the deceased from* 5-31, 19 49 *to* 4- 20, 19 51, *that I last saw the deceased alive on* 4-20-, 19 51 *and that death occurred at* 8:00p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Palmer Romaine Bowdish (Degree or title) M W
**23b. ADDRESS** 5800 Arsenal St.,
**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Apr. 25, 1951
**24c. NAME OF CEMETERY OR CREMATORY** Washington Park Cem. ~~National~~
**24d. LOCATION** (City, town, or county) (State) St. Louis Co., Mo ~~Jefferson Barracks Mo~~

**DATE REC'D BY LOCAL REG.** APR 23 1951
**REGISTRAR'S SIGNATURE** J. B. Lassler
**25. FUNERAL DIRECTOR'S SIGNATURE** J. H. Randle & Son
**ADDRESS** 3133 Bell Ave.

(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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed S J Watson

Signed.....
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Houtes

**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.