

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1005
City: St. Louis (No. 5618 Park Lane)

File No. 17930
Registered No. 4896
St. Ward)

2. FULL NAME

(a) Residence, No. 5618 Park Lane, St. 8 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Crowder.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1849

7. AGE YEARS 83 MONTHS 1 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. District Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Security Benefit Assoc.

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville, Illinois

13. NAME William B. Crowder.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Jane Phelps.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT Clarence Crowder. (ADDRESS) 1437 Hampton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery May 20, 1932

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 2167-69 Hampton Ave.

20. FILED 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1932, to 5-17, 1932

I last saw him alive on 5-17, 1932. Death is said

to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset prior to 3/14/32
930
162 930

Other contributory causes of importance:
Insufficiency of age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) D. Saint-Remy

(Address) 5329 N.W. Kingshighway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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