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.

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

Do not use this space.

37812

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 (B) Registered No. 346

City ~~Jefferson Barracks, Mo.~~ Veterans Administration Facility. St. Ward)

2. FULL NAME WALTER W. CRECELIUS

(a) Residence, No. 2840 Lafayette Ave., St. Louis, Mo Ward.
(Usual place of abode) (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 Mrs. Alberta Crecelius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
35	10	13	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood, Missouri.

FATHER

13. NAME William Crecelius

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Afton, Missouri.

MOTHER

15. MAIDEN NAME Kathryn Richard,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sappington, Missouri.

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director, Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nat. Cemetery DATE Nov 8, 1933

19. UNDERTAKER (ADDRESS) Allen McVaughan, Jeff. Brks. Mo.

20. FILED Nov. 8, 1933 L. C. Obrock, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1933 to November 6, 1933

I last saw him alive on November 6, 1933. Death is said to have occurred on the date stated above, at 5:25AM

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

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active.	Unk.

Other contributory causes of importance: --

23

Name of operation - Date of -

What test confirmed diagnosis? Clinical, x-ray, and laboratory Was there an autopsy? No.

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?

If so, specify

(Signed) W. C. GIBSON, M.D., Manager, Vet. Adm. Fac. Jeff. Brks., Mo., M. D.

(Address)