

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

Do not use this space.

37978

1. PLACE OF DEATH

County
Township *St. Louis*
City *St. Louis* (No. *Barnes Hospital*)

Registration District No. *791*
Primary Registration District No. *10003*

File No.
Registered No. *9602*
St. Ward)

2. FULL NAME

(a) Residence, No. *39 Algonguin St.* Ward. *Webster Groves Mo.*
(Usual place of abode)

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 H. Crouch*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 25-1880*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>53</i>	<i>9</i>	<i>11</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Maxwell-Crouch Mule Co.*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

13. NAME *Thomas H. Crouch*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indianapolis, Ind.*

15. MAIDEN NAME *Nellie Lemme*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Merchester, Ill.*

17. INFORMANT (ADDRESS) *Thos. H. Crouch #39 Algonguinwood*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Bellefontaine Mo. Nov. 8-1933*

19. UNDERTAKER (ADDRESS) *C. B. Lupton & Sons #4449 Olive Street*

20. FILED *11-1-1935* *J. Bredbeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 6* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *10-30* 19*33*, to *Nov. 6* 19*33*

I last saw him alive on *Nov. 6* 19*33*. Death is said to have occurred on the date stated above, at *3:35* p.m.

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

Hemiplegia, left
12-10-33
9-2-33
9-7
12-1-33

Other contributory causes of importance: *Appendiceal abscess operated 10-31-33*

Arterial sclerosis
Hypertension

Name of operation *Appendectomy* Date of *10/31/33*
What test confirmed diagnosis? Was there an autopsy? *Y.P.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19*33*

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) *C. M. Charles* M. D.
(Address) *Barnes Hospital*

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.

