

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

Do not use this space.

34739

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St Louis*

(No. *St Lukes Hospital*)

File No. ....

9603

Registered No. ....

St. ....

Ward) ....

2. FULL NAME *Asa Breckenridge Crowe*

(a) Residence, No. ....

(Usual place of abode)

St. *NR*

Ward. *Sullivan mo*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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

*Catherine Crowe*

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

*Aug 30-1867*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*67*

*1*

*-*

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

*Merchant*

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

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

*Sept 20-1934*

11. Total time (years) spent in this occupation

*40*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Union mo*

13. NAME

*John Crowe*

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

*mo*

15. MAIDEN NAME

*Mary Breckenridge*

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

*mo*

17. INFORMANT (ADDRESS)

*Martine Luther Crowe Sullivan mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sullivan mo* DATE *10-3* 19*34*

19. UNDERTAKER (ADDRESS)

*Albert H Hoppe Inc. 429 N. Grand Ave. St. Louis*

20. FILED

*OCT - 1 1934*

*J. Bredeck Registrar*

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 30* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at, *9:45 a.m.*

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

*Fract. of left femur, a left 4th rib ribs Costa, perichondritis, Septicemia said when Ford truck driven by the deceased, was struck by an 6' bench on Penna passenger train, in charge of*

Other contributory causes of importance: *Jerry Elders (engineer), of Sullivan Mo., about 9:30 A.M., Sept. 20, 1934*

Name of operation *Accident* Date of.....  
What best confirms 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 *9-20* 19*34*

Where did injury occur? *Sullivan Mo.* (Specify city or town, county, and State)

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

Manner of injury *Struck by train*

Nature of injury *Fract. of left femur*

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *J. Bredeck*, M.D.

(Address) *10/1/34*

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

16 REV

21

