

SEP 25 1937

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

31713

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 785  
 (b) Township Bonhomme Primary Registration District No. 6031 Registered No. 114  
 (c) City Valley Park, Mo. (d) Street No. Boyd & Jefferson Ave. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 0 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac Cruts

(a) Residence, No. Boyd & Jefferson Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Cruts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Trenton New Jersey

FATHER 13. NAME ? Cruts  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Euin Swyers  
 (ADDRESS) 1340 Grogan Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 8/23/37

19. FUNERAL DIRECTOR Edith E. Ambruster  
 (ADDRESS) 4234 Manchester Ave.

20. FILED 8-23 1937 Agnes C. Kelly  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1937, to Aug 20, 1937  
 I last saw him alive on Aug. 20, 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Open injury  
22a1  
 Other contributory causes of importance:  
Petechial hemorrhage

Date of onset

9-18-37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) F. P. Huoff, M. D.  
 (Address) Valley Park Mo

STATEMENT BY LICENSED EMBALMER

I, Florus Eynock, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Florus Eynock  
Licensed Embalmer No. 1284

**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.)**