

REC'D JUN 9 1938 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

16270
Do not use this space.

Registered No. 4134

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. DePaul Hospital 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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Crowder 636
 (a) Residence, No. 5024 Wabada Ave. St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Crowder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Excavating
 9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
 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) Kansas

FATHER 13. NAME Herman Crowder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown U.S.

MOTHER 15. MAIDEN NAME Clara Rehm

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

17. INFORMANT (ADDRESS) Mary Crowder 5024 Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 5-7 19. 38

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway

20. FILE MAY - 4 1938 J. P. Brudek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 1938

22. HEREBY CERTIFY, That I attended deceased from July 2, 1938, to May 4, 1938.
 I last saw him alive on May 3, 1938. Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset 5-3
Arterio-sclerosis 1930
 Other contributory causes of importance: Arterio-sclerosis 1931

Name of operation Date of
 What test confirmed diagnosis? Sp 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?
 If so, specify Arterio-sclerosis
 (Signed) J. P. Brudek M. D.
 (Address) Union Club Bldg

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.

1-3
Mr Buddy in Care.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Edwin M. Bennett

Licensed Embalmer No. 3024

P. O. Address 3

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.)

If this body is not embalmed, above space should be left blank.