

REC'D JAN 11 1939

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

40678

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. City Hospital # 1 Registered No. 10370  
(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 Laura Crunk

(a) Residence, No. 1306 Dillon St. St. 22  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Crunk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Poplar Bluff  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Thomas Autry

14. BIRTHPLACE (CITY OR TOWN) Poplar Bluff  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Annie George

16. BIRTHPLACE (CITY OR TOWN) Poplar Bluff  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Marie Mesey  
(ADDRESS) 2208 S. 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews Cm. DATE 12-2

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co  
(ADDRESS) 2201 S. Grand Bl.

20. DEC 1 1938 J. B. Brudick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1938

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 12.10 A.M.

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

Subacute Vegetative endocarditis  
Also Pneumonia Pleurisy  
with effusion retained  
placed in full view of family  
sustained when deceased fell  
from Bellefontaine Street Car  
at North West Corner of Franklin Park  
about 3:36 PM - OCT 29 1938

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11-29, 1938Where did injury occur? St. Louis MoSpecify whether injury occurred in industry, in home, or in public place. Public PlaceManner of injury Scrubber

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alfred Perry(Address) Depot Corner

**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 Nancy Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Deabow, with

**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.**