

REC'D APR 12 1939

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

Do not use this space.

2931

1. PLACE OF DEATH

(a) County.....² Registration District No.....⁷⁹¹
 (b) Township.....¹ Primary Registration District No.....¹⁰⁰³
 (c) City.....St. Louis (d) Street No.....3624a Shenandoah 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

625 Louise Croissant
 (a) Residence, No.....3624a Shenandoah St. 17 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) St. Louis

FATHER 13. NAME Frederick Croissant

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Erwin Croissant
3624a Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crem. DATE Mar. 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED MAR 28 1939 19
J. B. Bredenk Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-10-1939 to 3-27-1939

I last saw her alive on 2-27-1939. Death is said to have occurred on the date stated above, at 12:20a. m.

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

Gorman, Thomas
930
 Other contributory causes of importance:
Thrombocythemia
Arterio sclerosis

Date of onset

3/25/39

Name of operation Spinal tap Date of Mo.
 What test confirmed 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, 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) D. H. H. H. H. M. D.
 (Address) 3958 S. Broad

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.....

Frank J. Myland Sr.
.....
working under my personal supervision.

Registered Apprentice No.

Signed *Frank J. Myland Sr.*

Licensed Embalmer No.

P. O. Address.....

*2645
St. Louis Mo.*

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.