

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41539
Registrar's No. 10662

JAN 18 1940
791
5000

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County 1
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at City Hospital No. 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town ST. LOUIS 25
(If outside city or town limits, write "RURAL")
(d) Street No. 716 N. 14TH STR.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM CROWE GOB
(b) If veteran, name war NONE
(c) Social Security No. NINE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 25 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 2nd
year 1939 hour 5 minute 10 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 7 Days 7 If less than one day _____ hr. _____ min.
9. Birthplace NOVA SCOTIA
(City, town, or county) (State or foreign country)

Immediate cause of death Subdural hemorrhage of brain, Fracture of nose, suffered when struck by Ford Coach driven by one Alexander Anthony, Col. on DuValmar near 14th Street, about 9.00 P.M. December 1, 1939.
Due to ACCIDENT.

10. Usual occupation LABORER
11. Industry or business NIL
12. Name UNKNOWN
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant's own signature Miss John Dwyer
(b) Address 2331 Muller pl St
17. (a) BURIAL (b) Date thereof 12-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Huller + Kelly
(b) Address 1416 N. Taylor ave.
19. (a) DEC 13 1939 (b) J. F. [Signature]
(Date of registration) (Signature of Registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12/1/1939
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place
While at work _____ (Specify type of place) (e) Means of injury 4
28. Signature [Signature] (M. D. brother)
Address [Signature] Date signed 12.13.39

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Rex C. Campbell*

Licensed Embalmer No. *3881 (City 179)*

P. O. Address *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.