

Registration District No.

Primary Registration District No.

1003

791

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

I. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Harry E. Crockett 123

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. unk

4. Sex Male 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 6-29-1881  
(Month) (Day) (Year)

8. AGE: 58 Years 10 Months 8 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Elkins New Hampshire  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Unemployed

MOTHER FATHER { 12. Name Frank Crockett  
13. Birthplace Maine  
14. Maiden name Marionetta  
15. Birthplace Maine  
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Schene  
(b) Address Haverhill, Mass.

17. (a) Removal (b) Date thereof 5-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Haverhill, Mass.

18. (a) Signature of funeral director Albert H. Honne  
(b) Address 4700 Washington Ave.

19. (a) MAY 7 1940 (b) J. H. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4524 Page Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1940 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from May 4, 1940 to May 7, 1940  
that I last saw him alive on May 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. H. Crews (M. D. or Other) \_\_\_\_\_  
Address 1515 Lafayette Date 5/7/40

**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

*Albert N. Happe*

Licensed Embalmer No. *1861*

P. O. Address.....

**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.**