

No. 2
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FILED JUL 12 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21570

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Tracks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community One Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. 2817 La Salle
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Ralph Crews

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 30, 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 8 30 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business _____

12. Name Ralph Crews Sr.

13. Birthplace Pacific, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bailey

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Yvonne Finney

(b) Address 2815 La Salle

17. (a) Removal (b) Date thereof 6/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director J. J. Henrich

(b) Address Jefferson City, Mo.

19. (a) 6/29/40 (b) W. Bedford M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Head crushed by striking a flywheel while riding on top of a freight train

Duration

Other conditions (include pregnancy within 3 months of death) none

Major findings: Of operations _____

Of autopsy _____

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) Head crushed

(b) Date of occurrence June 28, 1940

(c) Where did injury occur? Reikwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

(e) Means of injury Head crushed by flywheel

23. Signature Frank J. Nichols (M. D. or other)

Address Mokane, Mo. Date signed 6-29-40

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

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.....

John J. Henschel

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.