

0-2  
13-40  
7-39  
X23139

Registration District No. 791  
Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4555 Laclede Ave  
(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 (MAGDALENA CROOK)

3. (a) PRINT FULL NAME MAGDALENA CROOK  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife Thomas Crook. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 6, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 5 6 hr. min.

9. Birthplace Waterloo, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOHN Harold.  
13. Birthplace Paris France.  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH FUCHMAN  
15. Birthplace FRANCE  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Crook.  
(b) Address 4555 Laclede Ave.

17. (a) Removal. (b) Date thereof 11-15-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Bud, Illinois.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) NOV 14 1940 (b) J. Brundish  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis. / 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4555 Laclede Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th.  
year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 13, 1923 to Jan 12, 1940,  
that I last saw her alive on Sept 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardiosis  
Due to Pneumonia arteria

Other conditions... (Exclude pregnancy within 3 months of death) 1/2

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. Brundish (At Registrar's Office)  
Address 517 Bannock St Date signed 11/12/40

Duration

1 yr  
17 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*W H Van Matre*

Licensed Embalmer No.....

*2825*

P. O. Address.....

*4340 Lafayette*

**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, fact should be so stated above.**