. No. 2
-4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40928

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 10699

1. PLACE OF DEATH:

(a) County 2

(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: 3748a California Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3748a California Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN SAMPSON CROCKETT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Addie

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

7. Birth date of deceased January 6, 1847
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
93	11	20	hr. min.

9. Birthplace Dyersburg, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 9

11. Industry or business 9

FATHER
12. Name David Crockett
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Addie Simmons
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant [signature]
(b) Address 3748a California Av

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof Dec. 29 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director A. W. McCrushlin
(b) Address 2301 Lafayette Av.

19. (a) DEC 27 1940
(Date received local registrar)
(b) J. H. Bredeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day DEC.
year 1940 hour 9 minute 5 A M.

21. I hereby certify that I attended the deceased from NOV. 1, 1940
, 19 , to DEC. 26, 1940
that I last saw him alive on DEC. 26 1940, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORHAGE

Due to CHRONIC MYOCARDITIS

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

23. Signature [signature] (M. D. or other)
Address 2800 CHIPPEWA Date signed 12/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.