No. 2
-13-40
-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8570
1980

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6046 Maple Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 Years.

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. 6046 Maple Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jessie L. Crouch.
3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry C. Crouch.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 26 1876. (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Hematite, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
MOTHER FATHER
12. Name Thomas Null.
13. Birthplace Missouri. (City, town, or county) (State or foreign country)
14. Maiden name Eliza Pinson.
15. Birthplace Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant Ouida Crouch.
(b) Address 6046 Maple Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-41. (Month) (Day) (Year)
(c) Place: burial or cremation Hematite, Mo.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave
19. (a) MAR 3 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1941 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 11-22 1940 to Feb. 28 1941 that I last saw her alive on Feb. 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage 6 hours
Due to Arterio Sclerosis 15 mo.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operation
Of autopsy no

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 J. W. Macdonald (M. D. ~~or other~~)
Address 5539 N. Grand Date signed 3-1-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Mac Donald. Jr 9284
Humboldt. Bld. 3-6
10 12 Sun.

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 P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 Erhouis

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

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