

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13059**
Registrar's No. **3489**

Registration District No. **701**

Primary Registration District No. **1003**

20
17
9
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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr-2mo-14 days
(Specify whether
In this community 39 years
years, months or days)

3. (a) PRINT FULL NAME Clinton McCrutter

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

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

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

7. Birth date of deceased January Unknown 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 54 2 Unknown hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

12. Name Charlie McCrutter

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

14. Maiden name Dora Ewing

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

16. (a) Informant Cathie Mayo Shuck

(b) Address 2601 N. Whittier St.

17. (a)..... (b) Date thereof 4/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

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

(b) Address City of St. Louis

19. (a) APR 23 1941 (b) D. H. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 22**
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2631 Spruce St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1941 hour 8:55 minute P. M.

21. I hereby certify that I attended the deceased from January 9, 1940, to March 23, 1941,
that I last saw h. im. alive on March 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis Indefinitely
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy As above

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 N. J. Egan (M. D. or other).....

Address 2601 N. Whittier St. Date signed 3-25-41

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.....

Licensed Embalmer No.....

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, fact should be so stated above.