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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 15 1941

Dr John Rutledge

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38577

Registration District No. 421

Primary Registration District No. 55750

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town CRYSTAL CITY, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 3 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME NORMAN CROLLAY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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 March (Month) 1, (Day) 1926 (Year)

8. AGE: Years	Months	Days	If less than one day
15	8	20	hr. min.

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

10. Usual occupation School boy

11. Industry or business ✓

FATHER
12. Name CHARLES A. CROLLAY
13. Birthplace ST. JAMES (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Leila Bradley
15. Birthplace Herculaneum (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Joseph Rosenau
(b) Address Crystal City, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation ST. JAMES, Mo.

18. (a) Signature of funeral director Gentry R. Collier
(b) Address Crystal City, Mo.

19. (a) Nov 25 1941 (Date received local registrar) (b) J. E. Rutledge M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1941 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 10, 1941, to Nov. 18, 1941; that I last saw him alive on Nov. 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic heart disease	Sys plus
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

95 b

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) —

(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 John F. Rutledge (M. D. or other) M.D.

Address Crystal City Date signed 11-22-41

3821

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1942

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 Gustav C. Palitti

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo

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.