7. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16057

State File No.

FILED JUN 22 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4913

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: FIRMIN DESLOGE
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3631 HICKORY ST.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Crane, James

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife DELIA CRANE

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MARCH 17 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name John CRANE
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE UNKNOWN
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant Delia Crane
(b) Address 3631 Hickory St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av.

19. (a) JUN 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1942 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1942 to June 3, 1942, that I last saw him alive on June 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia & dysphagia — Duration

Due to Carcinomatosis of neck lungs & abdomen

Due to Carcinoma of trachea Primary in trachea

Other conditions Esophageal obst. due to external pressure
(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic Ca to liver & abdominal lglds.
Of autopsy See causes of death

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. Ernest Jones (M. D. or other) MD.
Address Firmin DeLoge Hosp. Date signed 6/4/42

(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~~ Jos B Vollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3195 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.