

S. No. 2  
M-5-42  
7. 5-17-39  
X32673

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25768-  
7333  
State File No. 7333  
Registrar's No.

FILED SEP 10 1942 18

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: En route City Hospital #13  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town St. Louis, Mo.  
(d) Street No. 2317 Chestnut St.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME William Crosby (Col.)  
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 22nd  
year 1942 hour 5:35 minute P. M.

4. Sex Male 2 5. Color or race Col. 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 Unknown (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from that I last saw h. alive on and that death occurred on the date and hour stated above.  
Immediate cause of death. Duration

8. AGE: Years Months Days If less than one day  
Abt. 60 hr. min.

Coronary Thrombosis (Sclerosis);  
Due to

9. Birthplace Alabama (City, town, or county) (State or foreign country)  
10. Usual occupation None

Due to Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations Of autopsy  
PHYSICIAN Underline (the cause to which death should be charged statistically).

11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Coroner's Office  
(b) Address 1300 Clark Ave.

17. (a) Date of death 9-1-42 (Month) (Day) (Year)  
(b) Place: burial or cremation

18. (a) Signature of funeral director  
(b) Address  
19. (a) Date received local registrar SEP 1 1942 (Date received local registrar)  
(b) Registrar's signature J. J. Meek (Registrar's signature)

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)  
(e) Means of injury  
23. Signature Thos. F. Callanan (M.D. or other)  
Address Deputy Coroner Date signed 9/1/42

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**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.**