S. No. 2
1—4-13-40
v. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 162

FILED JAN 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 295

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DEACEASED: 000 17 9
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2635 Lucas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Crockett Sr.
3. (b) If veteran name war 9th Calavery 3 yrs Social Security No.
4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of wife Bessie Crockett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 19 (Day) 1887 (Year)
8. AGE: Years 55 Months 7 Days 20 If less than one day hr. min.
9. Birthplace MO (City, town, or county) 0 (State or foreign country)
10. Usual occupation Porter
11. Industry or business Yard
FATHER 12. Name Albert Crockett
13. Birthplace MO 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lillie Kenny
15. Birthplace MO 0 (City, town, or county) (State or foreign country)
16. (a) Informant William Crockett Jr.
(b) Address 2715 Stoddard St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard St
19. (a) JAN 12 1943 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1943 hour 8 minute 10 A. M.
21. I hereby certify that I attended the deceased from January 4, 1943 to January 9, 1943 that I last saw him alive on January 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 2 years
Due to
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.

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 S. E. Smith (M. D. or other)
Address 2601 N. Whittier Date signed 1-11-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1943

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 E Gayfield

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.