

LED MAY 12 1943 318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4147

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME William Crowell

3. (b) If veteran, name war _____ 3. (c) Social Security No. 351-12-1213

4. Sex M 5. Color or race W 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 December 19 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 4 10 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Arthur Crowell

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

14. Maiden name Cathrine Dixon

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

16. (a) Informant Arthur Crowell

(b) Address Litchfield, Illinois

17. (a) Removal (b) Date thereof 4/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Litchfield, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAY 4 1943 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Litchfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 4-26 to 4-29 1943
that I last saw him alive on 4-29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Obvious of Brain
Caused not known

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 80

Major findings Of operations Same
Of autopsy _____

Duration _____
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 nature of place) (e) Means of injury _____

23. Signature J. F. Brueck (Name, or other) _____
Address Firmin Desloge Date signed 4-30-43

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

MOTHER FATHER

12/17/73

12/17/73

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..... *J. Allen Davis Jr*
Licensed Embalmer No..... *4053*
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.