

No. 2
1-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22899

AUG 12 1943

Registration District No. 312

Primary Registration District No. 1002

Registrar's No. 7086

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3mo, 10 days.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 991
(If outside city or town limits, write "RURAL")

(d) Street No. 5000 Arsenal
1101 Glasgow
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country American

3. (a) PRINT FULL NAME Thomas Cropp.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or Race Colored

6. (a) Single, widowed, married, divorced, widower 2 divorced, widower

6. (b) Name of husband or wife _____

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

7. Birth date of deceased X - X - 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 X X hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business Laclede Gas Company

MOTHER FATHER

12. Name ??? 9

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

14. Maiden name ???

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

16. (a) Informant Lennie Green

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 8-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON, PA.

18. (a) Signature of funeral director R.F. Walton

(b) Address 2207 Standard St.

19. (a) AUG 5 1943 (Date received local registrar) J. F. Buech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31, year 1943 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from April 21, 1943 to July 31, 1943 that I last saw him alive on July 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral sclerosis Duration 1 1/2 years

Due to arteriosclerosis 10 several years

Due to 87

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy none

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 A. J. H. H. / A. H. H. H. H. (M. D. or other)

Address City Infirmary Date signed 8/2/43

344 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

James A. Thompson
.....
Licensed Embalmer No. *3322*

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.