

FILED DEC 22 1943  
Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 10714

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 93

(d) Street No. 6947 Bradley  
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Henry Crucknell

3. (b) If veteran, name war none

3. (c) Social Security No. 491-12-9131

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th  
year 1943 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 12-1-43  
to 12-4-43 1943

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mattie Crucknell

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 14 1861  
(Month) (Day) (Year)

that I last saw him alive on 12-4-43 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>7</u>	<u>20</u>	hr. _____ min.

Immediate cause of death myocardium

Due to Myocardial degeneration

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

10. Usual occupation salesman (woolens)

Due to \_\_\_\_\_

Other conditions 10  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Crucknell

13. Birthplace England  
(City, town, or county) (State or foreign country) 4

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country) 4

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. J. Crucknell

(b) Address 6947 Bradley

17. (a) removal (b) Date thereof 12/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd. St. Louis

19. (a) DEC 6 1943 (b) J. F. [Signature]  
(Date received local registrar) (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

Signature P. B. Caperton (M. D. or other) M.D.

Address 8284 [Address] Date signed 12-6-43

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

3284  
A.I. - 2502  
Supper

---

---

**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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

**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.