

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

35159  
State File No. 10345  
Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
2020a Adelaide Ave.  
(d) Length of stay: In hospital or institution Life  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(d) Street No. 2020a Adelaide Ave. 29  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Rose Crocker  
3. (b) If veteran, name war No  
3. (c) Social Security No. None  
4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Crocker  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 1, 1872

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 27th, year 1945 hour 2:00 minute P. M.  
21. I hereby certify that I attended the deceased from July 16<sup>th</sup>, 1945 to NOV. 27<sup>th</sup>, 1945  
that I last saw him alive on NOV. 26<sup>th</sup>, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 7 Days 26 If less than one day hr. min.

Immediate cause of death Apoplexy & Duration 1 Day  
Due to Central Haemorrhage Non Traumatic  
Due to Central Sclerosis Gall Stones several years  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: J.S.  
Of operations: J.S.  
Of autopsy: J.S.

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

10. Usual occupation Housework

11. Industry or business

12. Name John Moenikes

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

14. Maiden name Christine Schultz

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

16. (a) Informant Mr. George Crocker  
(b) Address 2020a Adelaide Ave.

17. (a) Burial (b) Date thereof Nov. 30, 1945  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home  
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 29 1945 (b) J. F. Brudick (Registrar's signature)

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?

23. Signature of J. F. Brudick (M. D. or other) Date signed 11/29/45  
Address 4244 W. Florent

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

MOTHER FATHER

---

---

**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 *John A. Melina*  
Licensed Embalmer No. *4186*  
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.**