

S. No. 2
DM-5-43
v. 17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39058

Registration District No. **318**

Primary Registration District No. **1003**

State File No.

Registrar's No. **11340**

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

1. PLACE OF DEATH:

(a) County.....**St. Louis**

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

(c) Name of hospital or institution:
3681a Folsom Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....**15 yrs.**
(Specify whether in this community..... years, months or days)

3. (a) PRINT FULL NAME.....**Horace S. Crook**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex.....**M.** 5. Color or race.....**W.**

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

6. (b) Name of husband or wife.....**Victoria Crook**

6. (c) Age of husband or wife if alive.....**34** years

7. Birth date of deceased.....**Dec. 17th., 1906**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	0	7	hr. min.

9. Birthplace.....**Tenn. /**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Cooler, Pevely Dairy**

11. Industry or business.....

12. Name.....**W.S. Crook**

13. Birthplace.....**Tenn. /**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Lizzie Kirby**
(City, town, or county) (State or foreign country)

15. Birthplace.....**Tenn. /**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mrs. Lizzie Crook**

(b) Address.....**3681a Folsom Ave.**

17. (a) **Removal**
(Burial, cremation, or removal)

(b) Date thereof.....**12-26-45**
(Month) (Day) (Year)

(c) Place: burial or cremation.....**Wentworth, Tenn.**

18. (a) Signature of funeral director.....**Charles J. Wonnell**

(b) Address.....**3840 Lindell Blvd.**

19. (a) **DEC 26 1945**
(Date received local registrar)

(b) **J. F. Bercich**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Mo.** (b) County.....**000**

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

(d) Street No.....**3681a Folsom Ave.**
(If rural, give location)

(e) Citizen of foreign country?.....**0** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**Dec.** day.....**24th.**, year.....**1945** hour.....**3** minute.....**50** p. M.

21. I hereby certify that I attended the deceased from.....**Dec 24** 19**45**, to.....**Dec 25** 19**45**

that I last saw him alive on.....**Dec 24** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death.....**Acute Myocarditis**

Due to.....**Infarction**

Other conditions.....**diabetes**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....**W**

Of autopsy.....

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)
(c) Means of injury.....

23. Signature.....**Clare Q. Kove** (M. D. or other)
Address.....**7062 Wilton** Date signed.....**12/25/45**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 W. VanMatre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.