S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 20 1946
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17888

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1045

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6309 Delmar,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ira Etta Crouch
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William S. Crouch
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 12 (Month) 3 (Day) 74 (Year)

8. AGE: Years	Months	Days	If less than one day
71	5	7	hr. min.

9. Birthplace New York (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Ira Tunison
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Serra
15. Birthplace New York (City, town, or county) (State or foreign country)
16. (a) Informant William S. Crouch, husband
(b) Address 6309 Delmar, U. City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Louis H Popp, Inc
(b) Address Kirkwood Mo.
19. (a) 5-14-46 (Date received local registrar) (b) E D McDonnan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1946 hour 8 minute 23 P.M.
21. I hereby certify that I attended the deceased from May 5th 1946, 19..., to May 10 th, 1946; that I last saw her alive on May 10th, 46; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia terminal	5 days
Due to Carcinoma of rt side of neck prob metastati—	2 yrs
Due to Carcinoma primary site unknown (Lung?)	
Other conditions Prob cerebral metastases (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph D Judy (M. D. or other) MD
Address St Louis County Date signed 5/11/46

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.