

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **282890**

FILED SEP 7 1948

Registration District No. **5**

Primary Registration District No. **6076**

Registrar's No. **1762**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Centaur Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Centaur Mo**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Meemec township** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **Centaur**
(If outside city or town limits, write "RURAL")
(d) Street No. **rural** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **CHARLES THEODORE CRIDER**

(b) If veteran, name war _____ (c) Social Security No. **708-14-3945**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Nora Crider Lemons** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased: **July 12 1882**
(Month) (Day) (Year)

8. AGE: Years **64** Months **1** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Woolen, Gasconade Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Section Foreman**

11. Industry or business **R. I. R.R.**

MOTHER FATHER { 12. Name **James Knox Crider**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Laura Jackeett**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nora Crider**
(b) Address **Centaur**

17. (a) **Burial** (b) Date thereof **8-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woolen, Mo.**

18. (a) Signature of funeral director **Union Funeral Home**

(b) Address **Union Mo**
19. (a) **8-26-46** (b) **Ed McFarland**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23** year **1946** hour **4:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **August 1**, 19**46**, to **August 23**, 19**46**;
that I last saw him alive on **August 23**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **6 hours**

Due to **Coronary artery disease**

Due to **arteriosclerosis** **946**

Other conditions **Hypertension**
(Include pregnancy within 6 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 **H. P. Loring** (M. D. or other) **MD**
Address **Ballwin, Mo.** Date signed **8-23-46**

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

OCT 17 1946

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.....
[Handwritten Signature]

Licensed Embalmer No. *2464*

P. O. Address *Washington 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.