

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5860

## 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: St. Luke's 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 week (Specify whether  
 In this community 50 years (Specify whether  
 years, months or days)

3. (a) PRINTED FULL NAME Elizabeth Chittenden Crunden

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Frank P. Crunden 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased June 21, 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 11 24 hr. min.

9. Birthplace Keokuk Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Abram B. Chittenden

13. Birthplace Conn.  
 (State or foreign country)

14. Maiden name Elizabeth Bates

15. Birthplace New York  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary C. Cole

(b) Address 502 Grand Ave St. Paul, Minn.

17. (a) Cremation (b) Date thereof 6/16/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd

19. (a) JUN 16 1947 (b) J. T. Brebeck  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5027 Westminister Place  
12 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
 year 1947 hour four minute 44

21. I hereby certify that I attended the deceased from June 6, 1947 to June 15, 1947  
 that I last saw him alive on June 14, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from peptic ulcer Duration 8 days

Due to old pyloric ulcer stomach

Due to old pyloric ulcer stomach

Other conditions: 117  
 (Include pregnancy within 3 months of death)

Major findings: 117  
 Of operations

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 labor) (c) Means of injury 0

23. Signature Walter Fischel (M.D. or other)

Address 3720 Washington Date signed 6-16-47

MAR 28 1958

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**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 *Neville B. Frohwitter*

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Blvd;

**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.