. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17500
Registrar's No. 4690

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3319 Lawton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community about 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3319 Lawton (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Henry Crowder

3. (b) If veteran, name war none

3. (c) Social Security No. 489-07-1029

4. Sex male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Emma Crowder

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 15, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	1	0	hr. min.

9. Birthplace Granada Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER
12. Name Nelson Crowder
13. Birthplace Granada Miss. (City, town, or county) (State or foreign country)

FATHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Emma Crowder
(b) Address 6319 Lawton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemt.

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So. Jefferson Ave.

19. (a) MAY 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1948 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from April 15 1932, 19..., to May 15 1948 that I last saw h. alive on May 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia (2)	16 yr
Due to Nephritis (Chronic)	16 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 G. W. Tremain (M.D. or other)
Address 3532 Washington Blvd. Date signed 5/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) G. W. TREMAIN

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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2749 Chanel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.