FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34039

Registration District No. 318 — Primary Registration District No. 1003 / Registrar's No. 9434

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: Jewish Hospital
(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: 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No.: 515 N. Dickson Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Clarence W. Crow

3. (b) If veteran, name war

3. (c) Social Security No.: 489-07-6534

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary G.

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

7. Birth date of deceased: March (Month) 8 (Day) 1906 (Year)

8. AGE: Years 42 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Department Manager

11. Industry or business

FATHER
12. Name: Ingram Crow
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hattie Coddington
15. Birthplace: Putnam County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary G. Crow
(b) Address: 515 N. Dickson, Kirkwood

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 10/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Chapel of Memories

18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Kirkwood

19. (a) OCT 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th year 1948 hour 8 AM minute M.

21. I hereby certify that I attended the deceased from Aug-30, 1948, to Oct 18 1948 that I last saw him alive on Oct 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute hemorrhagic pancreatitis. — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Bloody in abdomen + swollen pancreas.

Of autopsy: Hemorrhagic pancreas

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: W. Alexander Smith M. D. (M. D. or other)

Address: Webster Groves Date signed 10-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 22. 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.