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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 277

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3063

State File No. 34898
Registrar's No. 2032

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Missouri
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3: (a) PRINT FULL NAME Chesley Logan Crider
3: (b) If veteran, name war None | 3: (c) Social Security No. Unknown

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ | 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. August 23 1928
(Month) (Day) (Year)

8. AGE: Years 20 Months 1 Days 3 | If less than one day _____ hr. _____ min.

9. Birthplace Mary's County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Punch Press Operator

11. Industry or business Cupples Company

12. Name Jessie Crider
13. Birthplace Mary's County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dora Belle Byrd

15. Birthplace Owensville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Crider
(b) Address Vienna, Missouri

17. (a) Burial (Burial, cremation, or removal) | (b) Date thereof 9/28/48
(Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) Sept 29, 1948 (Date received local registrar) | (b) Cecil A. Z. Shroy, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Eureka
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 26
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death crushing injuries of chest-operating automobile which collided with another automobile, on Highway 66 near Vandover Road.
Due to 170-C-8

Other conditions (Include pregnancy within 3 months of death) 222

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 26, 1948
(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road.

While at work? _____ (Specify type of place)
Means of injury Blunt im-
Pact
23. Signature Arnald J. Willmann, M.D.
Address Clayton, Mo. Date signed 9/28/48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Elmo R. Sadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.