

FILED DEC 8 1948 **318**  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **ST. Louis, MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Infirmiry Hospital**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution **10-9-48 toll-21-48**  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_ (Specify whether)

3. (a) PRINT FULL NAME **Anna Grandall CRANDALL**

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

4. Sex **female** / 5. Color or race **white** / 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Claude R. Crandell** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **July 8 1869**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **16** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Ind. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Frederick Fout**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilda Brandt**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Claude R. Crandall**

(b) Address **5229 Highland Ave.**

17. (a) **Burial** (b) Date thereof **11-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) **NOV 26 1948** **1905 Union Bldg.**

19. (a) \_\_\_\_\_ (b) **J. B. Passton**  
(Date received local registrar) (Registrar's signature)

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. **5229 Highland Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov**, day **24**, year **1948** hour **1** minute **55P** M.

21. I hereby certify that I attended the deceased from **Oct 9, 1948** 19\_\_\_\_ to **11-24** 19\_\_\_\_  
er **11-24** 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **same**

PHYSICIAN

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 **C. L. Kroeg M.D.** (M. D. or other) \_\_\_\_\_

Address **5600 Arsenal St. St. Louis** Date signed **Nov 24, 1948**

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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.....

*Albert R. Thompson Jr.*

Licensed Embalmer No. ....

*4357*

P. O. Address.....

*St. Louis*

**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.**