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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41377  
State File No. 11271  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis State Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jefferson  
(c) City or town High Ridge  
(d) Street No. W. R.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MAURICE CROTSER  
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown  
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Anna Crotser 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 29 1904

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 26 year 1948 hour 1.30 minute P M.  
21. I hereby certify that I attended the deceased from March 8, 1948 to Dec. 26, 1948 that I last saw her alive on Dec. 26, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 8 Days 25 If less than one day hr. min.

Immediate cause of death  
Due to Diabetes Mellitus  
Due to Nephrosis Anemia  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy  
Duration 3/8/48x

9. Birthplace Unknown Michigan  
10. Usual occupation Clerk

11. Industry or business  
12. Name Calvin Crotser  
13. Birthplace Michigan  
14. Maiden name Sophia Stackman  
15. Birthplace Indiana

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

16. (a) Informant Dorris Crotser  
(b) Address 1403 N. Alta Vista, Hollywood, California  
17. (a) Burial (b) Date thereof 12/28/48  
(c) Place: burial or cremation High Ridge, Missouri  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) Date received local registrar Dec 28 1948 (b) Registrar's signature J. H. Lasater

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of injury  
(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 R. Hoppe (M. D. or other) M.D.  
Address 5400 Arsenal St. Date signed 12/26/48

**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 Clara D. Cadwell

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.**