

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2580
Registrar's No. 751

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 38 yrs		d. STREET ADDRESS (If rural, give location) 4636 Varrelman Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. NAME OF DECEASED (Type or Print) Roscoe Crouch	

3. NAME OF DECEASED a. (First) Roscoe		b. (Middle) Crouch		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24th. 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH July 24th 1886		9. AGE (In years last birthday) 62		10. MONTHS Days	
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail Service		11. BIRTHPLACE (State or foreign country) Iowa	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sophie M Kampelman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Edna Gardner 4636 Varrelman	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____		83	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		30 HX	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased (Give on _____, 19____, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph H. ...</i>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1/27/1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		24e. NAME OF CEMETERY OR CREMATORY New St. Marcus		24f. LOCATION (City, town, or county) (State) St. Louis Co. Mo	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 26 1949 G. Blaser		FEDERAL DIRECTOR'S SIGNATURE Henry K. Heidmuller		ADDRESS 6203 Gravois	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.