MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County ....
Township or Village ....
Registration District No. 791 File No. 6443
Primary Registration District No. 1003 Registered No. 1234
or City St Louis Mo (NO Sanitarium St.; 4 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Charles John Crooks

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Male
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Married
6 DATE OF BIRTH	Nov (Month) 9 (Day), 1865 (Year)
7 AGE	52 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or......min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work	Ball player;
(b) General nature of industry business, or establishment in which employed (or employer)	Solicitor. Unknown
9 BIRTHPLACE (City or town, State or foreign country)	St Paul, Minn.
PARENTS 10 NAME OF FATHER	Unknown
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	New York State
12 MAIDEN NAME OF MOTHER	Unknown
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Pennsylvania
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Geo. A. Johns
(Address)	Sanitarium
15 Filed FEB -4 1918, 191	Max C Starkloff, Registrar

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH	February (Month) 2 (Day), 1918 (Year)
17 I HEREBY CERTIFY, that I attended deceased from October 29, 1915, to February 2, 1918, that I last saw him alive on February 1, 1918, and that death occurred, on the date stated above, at 7:00 P.m.	
The CAUSE OF DEATH* was as follows:	83 / 67 Dementia Paralytica (Duration) 2 yrs. 3 mos. 5 ds.
CONTRIBUTORY (Secondary)	(Duration) ......yrs. ......mos. ......ds.
(Signed) Geo. A. Johns, M. D.	February 2, 1918 (Address) Sanitarium
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	At place of death 2 yrs. 3 mos. 5 ds. In the State......yrs......mos......ds.
Where was disease contracted if not at place of death?	
Former or usual residence	3628 Hebert St
19 PLACE OF BURIAL OR REMOVAL	Valhalla
DATE OF BURIAL	Feb. 5, 1918
20 UNDERTAKER	Wm. H. Paschedag
ADDRESS	2825 N. Grand Av