

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7430 Hildeshelm Ave /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

(c) City or town Ashland  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** Doreus Newton Crane

3. (b) If veteran, name war: UNo

3. (c) Social Security No. 493-01-0117

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 9  
year 1946 hour 3 minute 45 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Crane

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 29 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 8 to May 9, 1946  
that I last saw him alive on May 9, 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>4</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Valvular Heart Disease

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

10. Usual occupation Owner

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

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

Other conditions 9/2  
(Include pregnancy within 3 months of death)

11. Industry or business Restaurant

**MOTHER FATHER**

12. Name John Crane

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

14. Maiden name Annie Colvin

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

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

Of autopsy \_\_\_\_\_

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

16. (a) Informant Edith Crane

(b) Address Ashland, Mo.

17. (a) Burial (b) Date thereof 5-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 10 1946 (b) J. F. Beseck  
(Date received local registrar) (Registrar's signature)

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 Clay Allyn (M. D. or other) \_\_\_\_\_  
Address 5912 S. Kingshighway Date signed 5-10-46

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

17  
9

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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 Elmo R. Padwell  
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.**