

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

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 Mo
 (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: Inrout to Hospital 3
(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

3. (a) PRINT FULL NAME: Gustov Wm Crane
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: M 2 | 5. Color or race: W | 6. (a) Single, widowed, married, divorced: W 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec 17 1883
(Month) (Day) (Year)

8. AGE: Years 65 | Months 0 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace: Sweden 4
(City, town, or county) (State or foreign country)
 10. Usual occupation: Stone Cutter

11. Industry or business _____
 12. Name: Gustov Crane
 13. Birthplace: Sweeden 4
(City, town, or county) (State or foreign country)
 14. Maiden name: Unknown
 15. Birthplace: sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Auston Richard Crane
 (b) Address: 8205 Albin Place

17. (a) Burial (b) Date thereof: 12/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: St Peter's Cemetary

18. (a) Signature of funeral director: Central Und. Co
 (b) Address: 1841 Cass ave.
 19. (a) DEC 28 1949 J. B. Kasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE, OF DECEASED:
 (a) State: Mo (b) County: Jan 10
 (c) City or town: St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No.: 5981 Hamilton Terr 6
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 27th
 year 1948 hour 1:15 minute P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis decompensated
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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?
(Specify type of place)

While at work? _____ (Specify type of place)
 Means of injury: _____
 23. Signature: J. B. Kasater (M, D, or other)
 Address: _____ Date signed: 12/28/48

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Elton R. Remelius

Licensed Embalmer No. 4283

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.