

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1951

State File No. **21664**
Registrar's No. **2434**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allenton	
c. LENGTH OF STAY (in this place) 6 mos		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sunset Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Caroline c. (Last) Crismon			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isaac Schupp	13b. MOTHER'S MAIDEN NAME Mary Schular	14. NAME OF HUSBAND OR WIFE Ernest Crismon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Nil	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oran Setzekorn-10021 Sheldon Drive,

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) NONE		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) —	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 422.1

22. I hereby certify that I attended the deceased from **MARCH 1, 1951**, to **JUNE 16, 1951**, that I last saw the deceased alive on **JUNE 15, 1951**, and that death occurred at **1:40 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. P. Loving MD	23b. ADDRESS Ballwin, Mo	23c. DATE SIGNED 6-16-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-16-51	24c. NAME OF CEMETERY OR CREMATORY
DATE REC'D BY LOCAL REG. 6-16-51	REGISTRAR'S SIGNATURE Hubert P. Jomka MD	24d. LOCATION (City, town, or county) (State) Ashley, Illinois
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd		

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.