

No. 300  
10-48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25570

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2317 PRIMARY REG. DIST. NO. 2069 Registrar's No. 2672

1. PLACE OF DEATH  
a. COUNTY St. Louis 4002  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Franklin

b. CITY (If outside corporate limits, write RURAL and give township) Clayton 13 c. LENGTH OF STAY (In this place) Unk.  
c. CITY (If outside corporate limits, write RURAL and give township) Stanton 0560  
d. STREET ADDRESS (If rural, give location) Meramec Caverns 1

d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Louis County Hospital

3. NAME OF DECEASED a. (First) Claude b. (Middle) Raymond c. (Last) Crockett  
4. DATE OF DEATH (Month) (Day) (Year) July 14, 1951

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Nov. 16, 1927  
9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guide 10b. KIND OF BUSINESS OR INDUSTRY Caves 11. BIRTHPLACE (State or foreign country) Sullivan, Mo. 0 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Claude Crockett 13b. MOTHER'S MAIDEN NAME Daisy Dill 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Mrs. C. E. Schuenemeyer, Union, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Fractured spine and severe internal injuries-occupant of an automobile that left highway and overturned  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) that left highway and overturned DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8234

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4070 32 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/14/51 8:37P 21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Blunt impact

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Claude J. Willmann Coroner 23b. ADDRESS Clayton, Mo. 23c. DATE SIGNED 7/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-16-51 24c. NAME OF CEMETERY OR CREMATORY Sullivan, Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7-16-51 REGISTRAR'S SIGNATURE Herbert P. Donke 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hopps, 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 *John J. Haines*  
Licensed Embalmer No. *4108*  
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.