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FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Richard J. ... 42638  
State File No. ... 253

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		1123	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1603 Jackson Street</b>		d. STREET ADDRESS (If rural, give location) <b>1603 Jackson Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emma</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Crane</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 31-1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 24-1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR <b>9</b> Months <b>7</b> Days	IF UNDER 24 HRS. <b>7</b> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Charles, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Ferguson</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Libby</b>	14. NAME OF HUSBAND <b>Dan Crane</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NIL</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dan Crane--St. Charles, Missouri</b>	ADDRESS <b>Missouri</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Diabetes</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease</b>		Unkown	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>None 4200</b>
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22. I hereby certify that I attended the deceased from **January 1952**, to **Dec 31, 1951**, that I last saw the deceased alive on **Dec 31, 1951**, and that death occurred at **20:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. Z. Randall M.D.</b> (Degree or title)	23b. ADDRESS <b>207 N. 5th St. Charles, Mo.</b>	23c. DATE SIGNED <b>Jan 2, 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 3, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Charles Borromeo</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-3-52</b>	REGISTRAR'S SIGNATURE <b>James H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. O. Dallmeyer &amp; Sons</b> ADDRESS <b>800 N. 2nd St. Charles, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 Herbert E. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.