

FILED JAN 10 1952

State File No. \_\_\_\_\_

318

1003

Registrar's No. 11435

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2007</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis, Mo.</u>		c. LENGTH OF STAY (In this place township) <u>4WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hosp.</u>				STREET ADDRESS (If rural, give location) <u>1319 Mc Causland, Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flore</u> b. (Middle) <u>Bertha</u> c. (Last) <u>Crain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1951.</u>				
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced.</u>		8. DATE OF BIRTH <u>Feb 1st, 1888</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>H.M. Orwig Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Perryville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Otto Nabert</u>			13b. MOTHER'S MAIDEN NAME <u>Teresa Behle</u>		14. NAME OF HUSBAND OR WIFE <u>W.I. Crain</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-03-6096</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bernice Gossel, Valley Park, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Britannitis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of ascending Colon</u> <u>refers to them, recto sigmoid</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>Nov. 29</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma of ascending Colon - Sigmoid</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 26</u> , 19 <u>51</u> , to <u>Dec 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>51</u> , and that death occurred at <u>Noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John S. Leonard</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3720 Washington Blvd</u>		23c. DATE SIGNED <u>12/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Pk</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co.</u>	
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE <u>DEC 26 1951</u> <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRAEGER-FENWICK FUNERAL HOME</u>					

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

BERMONT BLDG. 605554.  
3720 WASHINGTON  
1-4 P.M. FRIDAY  
1-3 P.M. SATURDAY.

**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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kingshighway

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.