.S. No. 300
ev. 10.48

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

FILED JAN 26 1952

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 2691
Registrar's No. 0414

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2129
d. STREET ADDRESS (If rural, give location): 4515 Pershing

**3. NAME OF DECEASED** (Type or Print)
a. (First): ELIZABETH
b. (Middle):
c. (Last): CRIMMINS

**4. DATE OF DEATH** (Month) (Day) (Year): JAN. 14. 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: april 8, 1879
9. AGE (In years — last birthday): 72 | 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): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GREENLEAF KANS
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE:

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.
17. INFORMANT'S SIGNATURE OR NAME: Joe McDonald ADDRESS: 4515 Pershing

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic + recurrent adeno ca of rectum

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 15 HX

22. *I hereby certify that I attended the deceased from* 4-24-51, 19___, *to* 1-14-52, 19___, *that I last saw the deceased alive on* 1-14-52, 19___, *and that death occurred at* 2:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. Lindquist M.D. (Degree or title)
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-15-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Greenleaf Kans.

DATE REC'D BY LOCAL REG. JAN 15 1952
REGISTRAR'S SIGNATURE: Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Sullivan Fun. Dir. ADDRESS: 2849 N. Euclid

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1950

## 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert L Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. 2553

P. O. Address.....

**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.