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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5636

FILED MAR 15 1952

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Lincoln		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 Winfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4673	
d. FULL NAME OF HOSPITAL OR INSTITUTION River Dam #25		d. STREET ADDRESS (If rural, give location) 905 Cleveland Ave,	

3. NAME OF DECEASED (Type or Print)		a. (First) Hilton		b. (Middle) M.		c. (Last) Crouch		4. DATE OF DEATH (Month) (Day) (Year) February 17 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Sept, 12 1909		9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HRS. Hours 5 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker			10b. KIND OF BUSINESS OR INDUSTRY Shoe			11. BIRTHPLACE (State or foreign country) Columbia Missouri 0			12. CITIZEN OF WHAT COUNTRY? America	

13a. FATHER'S NAME Hilton Crouch		13b. MOTHER'S MAIDEN NAME Cora Mae Dyer		14. NAME OF HUSBAND OR WIFE Helen M. Crouch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give way or dates of service) W.W.#2		16. SOCIAL SECURITY # 490-01-5817		17. INFORMANT'S SIGNATURE OR NAME Helen M. Crouch ADDRESS 905 Cleveland Ave,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage				
		ANTECEDENT CAUSES DUE TO (b) (Due to Hemorrhage)				
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X			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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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.

23a. SIGNATURE (Degree or title) Adrian Ellis, Coroner		23b. ADDRESS Joy, Mo.		23c. DATE SIGNED 2-18/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-19-52		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	
DATE REC'D BY LOCAL REG. Mar 13-1952		REGISTRAR'S SIGNATURE Emma B. Riddle 162		24d. LOCATION (City, town, or county) (State) Columbia Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger			ADDRESS Kirkwood 22 Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

570
3

3

4

206-17-3474

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 William H. Fitzgerald

Licensed Embalmer No. 4316

P. O. Address Kilbuck 22, 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.