

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6319**  
Registrar's No. **1266**

FILED MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>22 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>23 2407 SOUTH 10TH STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LITTLE SISTERS OF THE POOR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 7 1952</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) _____ c. (Last) <b>CROOK</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUGUST 26 1883</b>
9. AGE (In years last birthday) <b>68</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JANITOR</b>	11. BIRTHPLACE (State or foreign country) <b>MONROE COUNTY ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WILLIAM EDWARD CROOK</b>		14. NAME OF HUSBAND OR WIFE <b>SULLIVAN THERESA BRYE &amp; GEMANN CROOK</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY ANN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Ms Stella Rieckmann</b>		ADDRESS <b>5737 WILBORNS JENNINGS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 MO</b>	
ANTECEDENT CAUSES		2. <b>2 MO</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		3. <b>2 1/2 MO</b>	
II. OTHER SIGNIFICANT CONDITIONS		4. <b>See</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Epilepsy</b>	
19c. 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H201</b>	
22. I hereby certify that I attended the deceased from <b>Nov 50 27</b> , 19 <b>52</b> , to <b>27</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Nov 7, 1952</b> , and that death occurred at <b>4:15</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Carl Smith Md</b>		23b. ADDRESS <b>1007 No Grand</b>	
23c. DATE SIGNED <b>7/9/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>FEB. 11, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>STS. PETER &amp; PAUL</b>	24d. LOCATION (City, town, or county) (State) <b>WATERLOO MONROE ILLINOIS</b>
DATE REC'D BY LOCAL REG. <b>FEB 9 1952</b>	REGISTRAR'S SIGNATURE <b>g earl Smith Md</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Emil Guernheim WATERLOO ILL</b>	

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben H. Balderrin

Licensed Embalmer No. 2470

P. O. Address St. Louis Ill

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.