

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11219**
Registrar's No. **449**

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Berkeley City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 3 Wks.		d. STREET ADDRESS (If rural, give location) 4115 Ashland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) _____ c. (Last) Crowhurst			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1952		
--	--	--	--	--	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 24, 1868		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____	
----------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.			
--	--	--	--	---	--	--	--	---	--	--	--	--	--	--	--

13a. FATHER'S NAME Joseph Pannier				13b. MOTHER'S MAIDEN NAME Esther Prevalle				14. NAME OF HUSBAND OR WIFE John Crowhurst			
--	--	--	--	--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Howard, 4115 Ashland Ave.			
--	--	--	--	-------------------------------------	--	--	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic		HEART DISEASE								unknown	
		ANTECEDENT CAUSES		DUE TO (b) _____									
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS 1) Cystitis 2) Fracture right hip 3) Decubitus sacrum											

19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 4x00				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) _____		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 **Jan 22, 1952**, to **Feb 18, 1952**, that I last saw the deceased alive on **Feb 12, 1952**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann (Degree or title) MO		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 2/19/52	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-21-52		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 2-19-52		REGISTRAR'S SIGNATURE Herbert R. Donk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ad Kingmarrell 4115 Ashland Ave	
---	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

400
4

S.W.

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

John J. Harris

Licensed Embalmer No. 4408

P. O. Address St. Louis, Mo.

Signed.....
Student Embalmer

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.

John J. Harris