

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14163

State File No. \_\_\_\_\_  
Registrar's No. 3251

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3251		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>PIZZA</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) <u>5 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTERVILLE STATION</u>		d. STREET ADDRESS (If rural, give location) <u>LORRAINE DRIVE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI BAPTIST</u>								
3. NAME OF DECEASED a. (First) <u>MINNIE</u> (Type or Print)			b. (Middle) <u>CREVOISIER</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>APR 6 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 9, 1905</u>	9. AGE (In years last birthday) <u>47</u>	% UNDER 1 YEAR Months	% UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Blodgett, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. SA</u>		
13a. FATHER'S NAME <u>GEORGE FINCH</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY HARRISON</u>		14. NAME OF HUSBAND OR WIFE <u>MR. ROBERT CREVOISIER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sprue Idiopathic</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyroidectomy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs +</u> <u>11 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>286.0</u>				
22. I hereby certify that I attended the deceased from <u>3-4</u> , 19 <u>52</u> , to <u>4-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-6</u> , 19 <u>52</u> , and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John H. Kennedy M.D.</u>				23b. ADDRESS <u>508 No Grand</u>		23c. DATE SIGNED <u>4-7-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston</u>		
DATE REC'D BY LOCAL REG. <u>APR 7 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MATH HERMANN &amp; SON INC</u>		ADDRESS <u>2167 E. 3rd Ave</u>		

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

**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 \_\_\_\_\_

*Wilford G. Burnley*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *St. Louis, 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.