

APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14164
State File No. 1840
Registrar's No.

318

1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN WEBSTER GROVES 4617	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		d. STREET ADDRESS 455 E. BIG BEND RD.	
3. NAME OF DECEASED (Type or Print) a. (First) MILTON b. (Middle) KELSO c. (Last) CREWS		4. DATE OF DEATH (Month) (Day) (Year) FEB. 24 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 23 1897
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN - ENGINEERING	
10b. KIND OF BUSINESS OR INDUSTRY IRON STRUCTURAL		11. BIRTHPLACE (State or foreign country) NEAR COLUMBIA MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MILTON F. CREWS	
13b. MOTHER'S MAIDEN NAME CAROL SMITH CREWS		14. NAME OF HUSBAND OR WIFE MIRIAM THOMPSON CREWS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W. W. # 1 492-07-1801	
17. INFORMANT'S SIGNATURE OR NAME MRS. M. F. CREWS		ADDRESS 455 E. BIG BEND RD.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intraventricular hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V. Disease DUE TO (c) Polyarteritis nodosa 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	
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? 443X			
22. I hereby certify that I attended the deceased from 2-14, 1952, to 2-24, 1952, that I last saw the deceased alive on 2-24, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Raymond Thompson		23b. ADDRESS 5203 Chapman	
23c. DATE SIGNED 2-25-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-27-52	
24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KIRKWOOD MO	
DATE REC'D BY LOCAL OFFICE FEB 27 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	
FEB 27 1952		FEDERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME, INC. 73 W. LOCKWOOD AVE WEB. GRO. MO	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Dennehy*

Licensed Embalmer No. *4194*

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.