S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21877

BIRTH NO. JUN 27 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5295

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2219
d. STREET ADDRESS (If rural, give location): 21 2236 CASS AVE.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): ERNESTINE NAOMI CROCKETT

4. DATE OF DEATH (Month) (Day) (Year): 6 5 52

5. SEX: F
6. COLOR OR RACE: C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT 21, 1924
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months 7 Days 15 — IF UNDER 24 HRS.: Hours Min.

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 (City and State or Foreign Country): ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: ERNEST ALEXANDER
13b. MOTHER'S MAIDEN NAME: GERLDINE ALLEN
14. NAME OF HUSBAND OR WIFE: RANDALPH CROCKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Randalph Crockett — ADDRESS: 2236 Cass

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MALIGNANT NEPHROSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 441X

22. *I hereby certify that I attended the deceased from* APRIL 12, 1952, *to* JUNE 5, 1952, *that I last saw the deceased alive on* JUNE 5, 1952, *and that death occurred at* 2:17P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. R. Bradley M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-11-52
24c. NAME OF CEMETERY OR CREMATORY: GREENWOOD
24d. LOCATION (City, town, or county) (State): WELLSTON MO

DATE REC'D BY LOCAL REG.: JUN 10 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE: A. F. Walton — ADDRESS: 2707 Stoddard

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldens

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.