

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29351

8048

ED. SEP 8 - 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 20119	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) / 719 Bowen St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 719 Bowen St.			

3. NAME OF DECEASED (Type or Print) a. (First) Virgie b. (Middle) ----- c. (Last) Crosswhite			4. DATE OF DEATH (Month) (Day) (Year) August 23, 1952		
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5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify) Married /		8. DATE OF BIRTH September 17, 1876		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Days		IF UNDER 1 MIN. Hours		IF UNDER 1 MIN. Min.	
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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) Boone Co., Mo. C			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME William J. Lacy			13b. MOTHER'S MAIDEN NAME Pricilla Little			14. NAME OF HUSBAND OR WIFE Ezra		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ezra Crosswhite 719 Bowen St.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility						5 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						10 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? 4222	
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22. I hereby certify that I attended the deceased from June 21, 1952, to Aug 23, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Duane D. Smith, M.D.		23b. ADDRESS 6006 Virginia Ave		23c. DATE SIGNED 8-25-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal /		24b. DATE Aug. 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Rd. Lemay, Mo.	
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DATE REC'D BY LOCAL REG. AUG 25 1952		REGISTRAR'S SIGNATURE Carl Smith MA		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway			
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 J. Broadway

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.