

No. 300
-10.48

FILED SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33785

State File No.

XC5749167
REG #105003
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2417

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST CHARLES	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 1900 N. 4TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION Hos A.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) ---	c. (Last) CROUCH	4. DATE OF DEATH (Month) (Day) (Year) 9-16-52
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-17-17
9. AGE (In years) (at birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) TROY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM CROUCH	13b. MOTHER'S MAIDEN NAME LAURA DOUGLAS	14. NAME OF HUSBAND OR WIFE JOSEPHINE CROUCH
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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) YES WW II	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	ADDRESS
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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 36 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PANCREATITIS		DUE TO (b) 5870		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <input checked="" 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) (Minute) VA m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-15-52, 1952, to 9-16-52, 1952, ~~and that death occurred at 1:45 A.M., from the causes and on the date stated above.~~

23a. SIGNATURE J. T. Kaminski	(Degree or title) MD	23b. ADDRESS VAH, JEFF. BRKS., MO.	23c. DATE SIGNED 9-16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-20-52	24c. NAME OF CEMETERY OR CREMATORY HAWK POINT CEMETERY	24d. LOCATION (City, town, or county) (State) TROY, MISSOURI
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DATE REC'D BY LOCAL REG. 9-18-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Mc Coy - Troy, Mo	ADDRESS
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524 (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ben E. Johnson*

Licensed Embalmer No. 4366

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.