

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36273

State File No. ....

OCT 27 1952

BIRTH NO. 71608 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9310

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Imperial</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Box 29</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Crader</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-5-52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N</u>	
8. DATE OF BIRTH <u>10-5-52</u>		9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZENSHIP OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Clifford Ray Crader</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Theresa Lober</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Theresa Crader</u> ADDRESS <u>Box 29 Imperial Mo.</u>	
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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) <u>Prematurity</u>			ANTECEDENT CAUSES			DUE TO (b) <u>4 Mo Gestation</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c) <u>7 hrs.</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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>776X</u>	

22. I hereby certify that I attended the deceased from Oct 5, 1952 to Oct 5, 1952, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Jackson Eto / A.M. DiCola, M.D.</u>		23b. ADDRESS <u>Firmin Desloge Hospital</u>		23c. DATE SIGNED <u>10-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KIMMSWICK Mo.</u>					

DATE REC'D BY LOCAL REG. <u>OCT 8 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME</u> ADDRESS <u>IMPERIAL Mo.</u>	
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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.

*Not Embalmed*  
*Arthur W. Hartley*  
*3872*  
*Empire St.*