

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44778

FILED JAN 26 1953

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State File No.

11793

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Washington University - Cliffe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2109			
d. FULL NAME OF (If not <u>Barnes</u> hospital or institution) <u>Washington University Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>10 3034 Vinegrove, St. Louis Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willene</u> b. (Middle) <u>Wilene</u> c. (Last) <u>Crimes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 22 1952</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>child</u>		8. DATE OF BIRTH <u>January 8, 1951</u>			
9. AGE (In years last birthday) <u>1</u>		10. 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>Missouri</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		13a. FATHER'S NAME <u>Willie Edward Crimes</u>		13b. MOTHER'S MAIDEN NAME <u>Alene Holman</u>			
14. NAME OF HUSBAND OR WIFE		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>Alene Crimes</u> ADDRESS <u>3034 Vinegrove</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>meningitis</u> ANTECEDENT CAUSES <u>Dehydration</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus, with</u> <u>ventriculothecal communication</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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>752A</u>					
22. I hereby certify that I attended the deceased from <u>12-20, 1952</u> , to <u>12-22, 1952</u> , that I last saw the deceased alive on <u>12-22, 1952</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter W. Johnson, M.D.</u>				23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>12-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CITY MO</u>			
DATE REC'D BY LOCAL REG. <u>DEC 23 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. WASTON</u>		ADDRESS <u>2307 S. DOODARD ST.</u>			

Hydrocephalus started chain of events Dr. Johnson started chain of events 1/15/52

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. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alder

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.