

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1953

1003

State File No. 11414

318

PRIMARY REG. DIST. NO.

Registrar's No. 2011

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2011	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 29 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5852 Cote Brilliante Ave				d. STREET ADDRESS (If rural, give location) 6 5852 Cote Brilliante Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD EBIN b. (Middle) CRAUSE c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb 20, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 23, 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Gateman		10b. KIND OF BUSINESS OR INDUSTRY Union Station		11. BIRTHPLACE (City and State or Foreign Country) Carlyle Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Crause		13b. MOTHER'S MAIDEN NAME Minnie Waldoff		14. NAME OF HUSBAND OR WIFE Lillian Crause			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-12-6476		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Lillian Crause, 5852 Cote Brilliante			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4221			
22. I hereby certify that I attended the deceased from Sept 1951, to Feb 20, 1953, that I last saw the deceased alive on Feb 17 1953, and that death occurred at 8:30A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. D. Dawgins				23b. ADDRESS 1506 1/2 Madison		23c. DATE SIGNED 2/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Carlyle Cemetery		24d. LOCATION (City, town, or county) (State) Carlyle Illinois	
DATE REC'D BY LOCAL REG. FEB 20 1953		REGISTRAR'S SIGNATURE J. C. Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave			

(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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address M. Louis No.

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.