

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37121

FILED NOV 6 - 1953

State File No. \_\_\_\_\_  
Registrar's No. 10022

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) <u>3 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Clayton</u> <u>4452</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>524 West Drive</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>THEODORE</u> b. (Middle) _____ c. (Last) <u>CRUSIUS</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10</u> <u>19</u> <u>53</u>	
<b>5. SEX</b> <u>male</u> <b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	
<b>8. DATE OF BIRTH</b> <u>Jan. 1, 1871</u>		<b>9. AGE</b> (In years last birthday) <u>82</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired manager</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Becht Laundry Co.</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Sauk City, Wisconsin</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Ludwig Crusius</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emily Schram</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lina Crusius</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>491-12-9180</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Edna Weber, 8161 Gannon Avenue</u>		<b>ADDRESS</b> _____	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Brain Hemorrhage</u>	
		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hr</u>	
		<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> ? Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Generalized Arteriosclerosis</u> ?	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriolar Nephrosclerosis</u> ?	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>4200</u>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Sept. 28, 1953</u> , to <u>Oct. 19, 1953</u> , that I last saw the deceased alive on <u>Oct. 19, 1953</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>634 N. Grand Blvd.</u>	
		<b>23c. DATE SIGNED</b> <u>10-20-53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>removal</u>		<b>24b. DATE</b> <u>10-21-53</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Crematory</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>OCT 20 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	
		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
		<b>ADDRESS</b> <u>C. R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</u>	

JE-7469  
2-4-22

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.....  
Signature of Student Embalmer

Signed *Clarence A. Murray*

Licensed Embalmer No. *1011*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.