

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2683

State File No.

318

1003

0837

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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 OR TOWN St. Louis, OR TOWN St. Louis, township)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Alexian Bros. Hospital. <i>16</i> STREET ADDRESS (If rural, give location) 3423 So. Compton Ave. <i>2169</i>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Oscar	b. (Middle) E.	c. (Last) Crane	(Month) Jan.	(Day) 26,	(Year) 1954

5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-30-1898	9. AGE (In years last birthday) 55.	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Auto Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) Flat River, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Charles Crane		13b. MOTHER'S MAIDEN NAME --		14. NAME OF HUSBAND OR WIFE Carrie Crane	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nil.		16. SOCIAL SECURITY NO. 497-07-3563		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Crane, 3423 So. Compton Ave.	
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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) <i>Carcinoma of lung</i>		DUE TO (b) <i>Emphysema of (lung)</i>			1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			5 years	
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 none			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) 163X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 *February 14, 1953*, to *Jan. 26, 1954*, that I last saw the deceased alive on *Jan. 26, 1953*, and that death occurred at *4:10 p.m.* from the causes and on the date stated above.

23a. SIGNATURE <i>Julius E. Ratter M.D.</i> (Degree or title)		23b. ADDRESS <i>2603 Cherokee St.</i>		23c. DATE SIGNED <i>1.26.54</i>	
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24a. BURIAL, CREMATION, REMOVAL <i>Removal</i> (Specify)		24b. DATE <i>1-27-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Doss Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Doss, Missouri.</i>	
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DATE REC'D BY LOCAL REG. <i>JAN 26 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe 4700 Washington.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Edwin H. Remelius*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.