

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2687**
Registrar's No. **0125**

FILED JAN 26 1954
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS 2609 N Taylor		f. (If rural, give location) 2119	
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) c. (Last) Crosby			4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1954		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 21 1894	9. AGE (In years last birthday) 59	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (If a kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Mississippi	
13a. FATHER'S NAME Clarence Crosby		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Widowed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mattie Vaughn ADDRESS 3008 Dickson St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Senility and Arteriosclerosis *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility and Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis and Malnutrition					
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from 12-28 , 19 53 , to 1-4 , 19 54 , that I last saw the deceased alive on 1-4 , 19 54 , and that death occurred at 9:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Herbert J. Erwin M. D.			23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 14, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) 6571 St Louis Mo		24e. DATE REC'D BY LOCAL REG. JAN 6 1954		24f. REGISTRAR'S SIGNATURE J. Carl Smith	
24g. FUNERAL DIRECTOR'S SIGNATURE W.D. Boyd		24h. ADDRESS Federal Home		24i. ADDRESS 3704 Finney	

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Claude Good*

Licensed Embalmer No. *34*

P. O. Address *4575*

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.