

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20343

State File No. ....

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5357**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. In 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 <b>3631 Hickory</b>		e. STREET ADDRESS (If rural, give location) <b>3631 Hickory</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EUGENE</b>		b. (Middle) <b>J</b>	
c. (Last) <b>CRANE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 13 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>3</b>	8. DATE OF BIRTH <b>Sept 22 1903</b>
9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Truck Driver</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>
12. CITIZEN OF WHAT COUNTRY?		13. MOTHER'S MAIDEN NAME <b>Delia Mullarkey</b>	
13a. FATHER'S NAME <b>James Crane</b>		14. NAME OF HUSBAND OR WIFE <b>Lee Crane</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497 07 5786</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Delia Crane</b>		ADDRESS <b>3631 Hickory</b>	
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) <b>Cancer of Stomach</b>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of stomach with metastasis to liver</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>151X</b>		22. I hereby certify that I attended the deceased from <b>Jun 10, 1954</b> to <b>6-13, 1954</b> that I last saw the deceased alive on <b>6-10, 1954</b> and that death occurred at <b>8:45A m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>J. Joseph E. Don James MD</b>		23b. ADDRESS <b>2639 N. Grand Blvd</b>	
23c. DATE SIGNED <b>6/14/54</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 16 54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>JUN 15 1954</b>		REGISTRAR'S SIGNATURE <b>E. J. Schnur</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schnur</b>		ADDRESS <b>3125 Lafayette</b>	

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: *Joseph Ballmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Pajaro*

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.