

STANDARD CERTIFICATE OF DEATH

State File No. 28836

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7380

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. 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 St Antonys		e. STREET ADDRESS (If rural, give location) 4995 Mardel 214%	
3. NAME OF DECEASED (Type or Print) a. (First) SHIRLEY b. (Middle) JAMES c. (Last) CROCKFORD		4. DATE OF DEATH (Month) (Day) (Year) Aug 9 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 25 1885
9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Advertising	11. BIRTHPLACE (City and State or Foreign Country) London England
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard Crockford	
13b. MOTHER'S MAIDEN NAME Ann		14. NAME OF HUSBAND OR WIFE Helen Crockford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Helen Crockford		ADDRESS 4995 Mardel	
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) <u>Intestinal obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric bleed</u> <u>1 yr</u> DUE TO (c) <u>arteriosclerosis</u> <u>1 yr</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 7-29-54		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 5400			
22. I hereby certify that I attended the deceased from 7-7-1954 to 8-9-1954, that I last saw the deceased alive on 8-9-1954, and that death occurred at 10A.m., from the causes and on the date stated above.			
23a. SIGNATURE M. J. Pulliam (Degree or title)		23b. ADDRESS M.D. 607 N. Grand	
23c. DATE SIGNED 8/9/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Aug 10 54	
24c. NAME OF CEMETERY OR CREMATORY Missouri		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. AUG 9 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur		ADDRESS 3125 Lafayette	

(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.....
Thomas R. Jenwick

Licensed Embalmer No..... 379

P. O. Address..... 3125 Lafayette

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.