

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2555

BIRTH NO. _____		REG. DIST. No. <u>717</u>		PRIMARY REG. DIST. NO. <u>100</u>		Registrar's No. <u>2555</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St Louis		b. CITY (If outside corporate limits, write RURAL and give township) Affton		a. STATE Mo.		b. COUNTY St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9943 Lacewood		c. LENGTH OF STAY (In this place) 6 mo.		c. CITY OR TOWN Affton 4820		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle)		c. (Last) Crane	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		Nov.		3,		1954	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) Widow		8. DATE OF BIRTH July 4, 1866	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR	
88		Months		Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY Housework			11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Wm Placeke			13b. MOTHER'S MAIDEN NAME not known			14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loretta Campbell 9943 Lacewood			
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* unknown natural causes		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					1 wk
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert R. Domke, Local Registrar				23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 11/17/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11/5/54		24c. NAME OF CEMETERY OR CREMATORY ParkLawn Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo.	
DATE RECD BY LOCAL REG. 11/4/54		REGISTRAR'S SIGNATURE Herbert R. Domke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois			

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 *C. P. Kidwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027 St.*.....

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.