

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43515

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1003

State File No. \_\_\_\_\_

Registrar's No. 11498

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 11498		
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>Franklin</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Union</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>					STREET ADDRESS (If rural, give location) <b>0361</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b>			b. (Middle) <b>J.</b>		c. (Last) <b>Crews Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17, 1954</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 7, 1929</b>		9. AGE (In years last birthday) <b>25</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Line Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Plant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Jesse W. Crews</b>			13b. MOTHER'S MAIDEN NAME <b>Mable Kreibaum</b>			14. NAME OF HUSBAND OR WIFE <b>Earlene Crews</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>			16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jesse W. Crews, Union, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GLOMERULONEPHRITIS, CHRONIC</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>	
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) _____		21d. (COUNTY) _____		21e. (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>592X</b>					
22. I hereby certify that I attended the deceased from <b>Mar. 22, 1953</b> , to <b>Dec. 17, 1954</b> , that I last saw the deceased alive on <b>Dec. 16, 1954</b> , and that death occurred at <b>3:54 a.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>Robert E. Toeh M.D.</b>					23b. ADDRESS <b>35 N. Central, Clayton, Mo.</b>			23c. DATE SIGNED <b>12-17-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-17-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Union, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>DEC 17 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 13 1955

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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 *John S. Pennek*  
Licensed Embalmer No... 41  
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.