

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44303**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2944**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Ferdinand TWP** c. LENGTH OF STAY (In this place) **3 yrs**

c. CITY OR TOWN **St. Ferdinand TWP** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Janet Lane R#1 Box 579**

f. STREET ADDRESS (If rural, give location) **R#1 Box 579 Florissant, Mo.**

3. NAME OF DECEASED (Type or Print) **Edward Crane**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH **December 19th, 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Oct. 12th, 1884** 9. AGE (In years last birthday) **70**

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Battery maker**

10b. KIND OF BUSINESS OR INDUSTRY **Automobile**

11. BIRTHPLACE (City and State or Foreign Country) **Barnett, Mo**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Palistine Crane** 13b. MOTHER'S MAIDEN NAME **Sarah McLaughlin** 14. NAME OF HUSBAND OR WIFE **Myrtle Crane**

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. **498-12-8758** 17. INFORMANT'S SIGNATURE OR NAME **Myrtle Crane** ADDRESS **R#1 Box 579 Florissant, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Apoplexy** INTERVAL BETWEEN ONSET AND DEATH **24 hrs**

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) **Generalized Arteriosclerosis**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) **Senility**

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 _____ 20. AUTOPSY? YES NO

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) **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **March, 1953**, to **18 Dec., 1954**, that I last saw the deceased alive on **18 Dec., 1954**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Marion R. Bishop M.D.** 23b. ADDRESS **751 St. Francis Florissant Mo** 23c. DATE SIGNED **21 Dec 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **12/22/54** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **12-22-54** REGISTRAR'S SIGNATURE **Herbert R. Donke M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **DIEDRICH FUNERAL HOME, 8319 Hallsferry**

WRITE PLAINLY—USING UNFAADING 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 *John J. Haines*.....
Licensed Embalmer No. *4108*

P. O. Address *St. Louis*.....

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.