

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9489**

State File No. ....

**2397**

**FILED MAR 31 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <i>St. Louis Mo.</i>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i>		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo.</i>		c. CITY OR TOWN <i>St. Louis</i>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <i>25 2212 So. Bway</i>		f. _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Harbor</i>		g. _____		h. _____	

<b>3. NAME OF DECEASED</b> (Type or Print) <i>Clarence W. Crum</i>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>2 18 55</i>		
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<b>5. SEX</b> <i>Male</i>		<b>6. COLOR OR RACE</b> <i>White</i>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>Wid</i>		<b>8. DATE OF BIRTH</b> <i>007-1882</i>		<b>9. AGE</b> (In years last birthday) <i>73</i>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____		<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Wid</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>Wid</i>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <i>Wid</i>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>9</i>	
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<b>13a. FATHER'S NAME</b> <i>Wid</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Wid</i>		<b>14. NAME OF HUSBAND OR WIFE</b> <i>Wid</i>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>Wid</i>		<b>16. SOCIAL SECURITY NO.</b> <i>Wid</i>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Clarence E. Woyles</i>				<b>ADDRESS</b> <i>1300 Clark</i>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<p><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____</p> <p><b>ANTECEDENT CAUSES</b></p> <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		<p><b>DUE TO (b)</b> <i>Subdural hematoma</i></p> <p><b>DUE TO (c)</b> <i>Impacted then deceased fell down</i></p>							
		<p><b>II. OTHER SIGNIFICANT CONDITIONS</b></p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p> <p><i>Left light of steps at Neoby Hotel 221 S. Bway</i></p>							
		<p><b>19a. DATE OF OPERATION</b> _____</p> <p><b>19b. MAJOR FINDINGS OF OPERATION</b> <i>all Feb. 3. 1955 art. for P. u. oed</i></p> <p><b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>							

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <i>Accident</i>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, workshop, office bldg., etc.) <i>Wid</i>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <i>St. Louis E900 Mo</i>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <i>2 3 55 7:00 pm</i>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <i>He fell down 45 steps</i>	
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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.

<b>23a. SIGNATURE</b> <i>James M Kelly</i> (Degree or title) <i>Deputy Coroner</i>		<b>23b. ADDRESS</b> <i>1300 Clark</i>		<b>23c. DATE SIGNED</b> <i>3/2/55</i>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____		<b>24b. DATE</b> <i>3 31 55</i>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Anatomical Board</i>		<b>24d. LOCATION</b> (City, town, or county) (State) <i>St. Louis, Mo.</i>	
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<b>DATE REC'D BY LOCAL REG.</b> <i>MAR 16 1955</i>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Howland-Alter Mortuary Service</i>		<b>ADDRESS</b> _____	
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(Licensed Embalmer's Statement on Reverse Side)

St. Louis 10, Mo.

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

No. 300  
10.48

780

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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.....

Licensed Embalmer No.....

P. O. Address .....

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.