

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35529

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2525</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Gardenville</u>		c. LENGTH OF STAY (in this place) <u>1 Week</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Henninger Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>6263 Nagel Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNESTINE</u>			b. (Middle) _____			c. (Last) <u>CRAWFORD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-29-1955</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>12-12-1922</u>		9. AGE (In years last birthday) <u>32</u>	
				If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hiram Grimes</u>			13b. MOTHER'S MAIDEN NAME <u>Imogene Copeland</u>			14. NAME OF HUSBAND OR WIFE <u>divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blonedia Jay 6263 Nagel Ave</u>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchopneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disseminated lupus erythematosus</u>						
	DUE TO (c) _____						
	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 <u>456x</u>				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 <u>Oct 22, 1955</u> , to <u>Oct 29, 1955</u> , that I last saw the deceased alive on <u>Oct 29, 1955</u> , and that death occurred at <u>3:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh C. Currell, M.D.</u>				23b. ADDRESS <u>976 1/2 Term Ferry Rd</u>		23c. DATE SIGNED <u>10/31/55</u>	
24a. BURIAL, CREMATION, OR DISPOSAL		24b. DATE <u>10-1-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mason Rd. St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-1-55</u>		REGISTRAR'S SIGNATURE <u>Robert R. Douba MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Gugenheim Bros. 6409 Gravois Ave</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No...
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Jan M. Senger

Licensed Embalmer No.....

P. O. Address.....
H. S. Senger

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.