

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41941**

Jungel
BIRTH NO. **FILED JAN 6 1956** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10914**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hosp.		d. STREET ADDRESS (If rural, give location) 310 So. 5th. St.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) R.	c. (Last) CRENSHAW	4. DATE OF DEATH (Month) (Day) (Year)	12 9 1955
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5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/4/1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work (The kind of work at the time of death, even if retired)) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Crenshaw	13b. MOTHER'S MAIDEN NAME Lottie Jackson	14. NAME OF HUSBAND OR WIFE Leona
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) Yes WW I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME W.A. Jungel	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medicine Mremie Leukemia		INTERVAL BETWEEN ONSET AND DEATH 320 hrs 18 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	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 592x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **5-12-1954**, to **12-8-1955**, that I last saw the deceased alive on **12-8-1955**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE W.A. Jungel M.D.	(Degree or title)	23b. ADDRESS 1652 Central St. St. Louis, Mo.	23c. DATE SIGNED 12-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/14/55	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo.
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DATE REC'D BY LOCAL REG. DEC 13 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE W.C. Green	ADDRESS 4060 Truhton
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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
Student Embalmer

Signed Edgar H. Green

Licensed Embalmer No. 4521

P. O. Address 4060 Westlight

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.