

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14523

Registrar's No. 3811

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 20yrs	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		d. STREET ADDRESS (If rural, give location) 5408 S Broadway
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Altenheim			2159		
3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle) J Crecelius		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 16, 1956		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never		8. DATE OF BIRTH Sept 2, 1875		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Affton, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John W Crecelius		13b. MOTHER'S MAIDEN NAME Margaret Schuetz	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME St. Louis Altenheim		ADDRESS 5408 S Broadway			
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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days		
ANTECEDENT CAUSES Arterio-sclerosis, rise to blood pressure, the underlying cause is arterio-sclerosis Hypertension			?		
DUE TO (c) Fracture right hip			3-21-56		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 3-22-56		19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture right hip (Nag pinned)		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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis E940 Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 31 1956 10^{am}		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell from chair	
22. I hereby certify that I attended the deceased from 6-5 1946 , to 4-16 1956 , that I last saw the deceased alive on 4-15 1956 , and that death occurred at 7:20 Am. , from the causes and on the date stated above.					
23a. SIGNATURE Max Seabroff MO.		23b. ADDRESS 562 Dorcas Place		23c. DATE SIGNED 4/16/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/18/56		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. APR 17 1956			
REGISTRAR'S SIGNATURE Carroll Smith MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 South Grand Blvd.			

WRITE PLAINLY—USING UNFADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Bill Brauson

Signed.....
Student Embalmer

Licensed Embalmer No. 4764

P. O. Address St. Louis, Mo

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