

STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1956

318

1003

STATE FILE NUMBER

21742

Registration District No. Primary Registration District No. Registrar's No. 5429

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis 2229	
c. FULL NAME OF (If not in hospital or institution) ST. LOUIS CITY HOSPITAL #1		d. STREET ADDRESS (If outside, give location) 1025 Morrison	
3. NAME OF DECEASED (Type or print) VERNON B. CROWDER		4. DATE OF DEATH JUNE 4, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1889
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator	11. BIRTHPLACE (City and state or country) Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator		10b. KIND OF BUSINESS OR INDUSTRY Retired	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Crowder		14. MOTHER'S MAIDEN NAME Mary Hays	
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. 498-14-6853	
17. INFORMANT Sallie Crowder, 1025 Morrison		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident - intra cerebral hemorrhage</i> DUE TO (b) <i>cerebral arteriosclerosis</i> DUE TO (c) <i>hypertension</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X	
20c. TIME OF INJURY		20d. INJURY OCCURRED	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
20g. SIGNATURE E Robert Schindler MD.		20h. ADDRESS 1515 LAFAYETTE AVE. A.	
20i. DATE SIGNED 6/5/56		20j. CITY, TOWN, OR LOCATION St. Louis Co., Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-7-1956	
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR McLaughlin F.H., 2301 Lafayette		25. DATE RECD. BY LOCAL REG. JUN 6 1956	
26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE	

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
James P. Chapman

Licensed Embalmer No.

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.