

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44935**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **3110**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (If in this place) 17 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Shamrock Rest Home		e. STREET ADDRESS (If rural, give location) 3908 N. 22nd. Street (7)			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) WILLIAM	b. (Middle) CRUTSINGER		c. (Last) _____	DATE Dec. 30, 1956	YEAR _____
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10b. KIND OF BUSINESS OR INDUSTRY Niedringhaus Mejal		11. BIRTHPLACE (City and State or Foreign Country) Linn, Missouri	
13a. FATHER'S NAME Unknown Crutsinger		13b. MOTHER'S MAIDEN NAME Cora Phillips		14. NAME OF HUSBAND/ OR WIFE Minnie Crutsinger	

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. 488-07-1319	17. INFORMANT'S SIGNATURE OR NAME Lorene Newman		ADDRESS 8925 N. Florissant Avenue	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses			unknown
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, Cardiac vascular disease DUE TO (c) Thalamic syndrome			unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **Dec 12, 1956** to **Dec 30, 1956** that I last saw the deceased alive on **Dec 30, 1956** and that death occurred at **5:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD	(Degree or title) MD	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 12/31/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-2-57	24c. NAME OF CEMETERY OR CREMATORY Friedens Cenetry	24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. 12-31-56	REGISTRAR'S SIGNATURE Herbert B. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SON'S	ADDRESS 3934 N. 20th Street
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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 *Gustav W. Duttle*.....

Licensed Embalmer No... 432

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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