

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2632**  
Registrar's No. **339**

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| BIRTH NO. _____   |   | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St Louis</b>  |   | c. LENGTH OF STAY (In this place)<br><b>3yrs 10 mo.</b>                              | c. CITY OR TOWN <b>St. Louis City</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>26 St Louis Chronic Hospital</b>  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>4209 Ellenwood.</b>  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Edgar</b>  |   | b. (Middle) <b>H.</b>  | c. (Last) <b>Crocker</b>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 11, 1957</b>   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widower</b>             | 8. DATE OF BIRTH<br><b>Sept. 28, 1884</b>  | 9. AGE (In years) (Month) (Day) (Year)<br><b>72</b>   | IF UNDER 1 YEAR Months Days  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Upholster-self</b>  | 10b. KIND OF BUSINESS OR INDUSTRY _____   | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>              |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>   |  |
| 13a. FATHER'S NAME<br><b>John Crocker.</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Gowan</b>                                      | 14. NAME OF HUSBAND OR WIFE<br><b>Late Florence M. Crocker</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Ruth McCauley 6921 Hampton Ave</b>   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>   |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 420.0  |   | 20. AUTOPSY? <b>2</b><br>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 <b>3-19-</b> , 19 <b>53</b> to <b>1-11-</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>1-11-</b> , 19 <b>57</b> and that death occurred at <b>8.10 p.m.</b> from the causes and on the date stated above. |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>John Niederwimer, M.D.</b>   |   | 23b. ADDRESS<br><b>5800 Arsenal, St. Louis</b>                                       |  | 23c. DATE SIGNED<br><b>1-12-57</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>Jan. 14, 1957</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Bellefontaine Cem</b>                       | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo</b>  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>JAN 12 '57</b>   | REGISTRAR'S SIGNATURE<br><b>Paul Smith MD</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway</b> |  |   |  |

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storrs*.....

Licensed Embalmer No. *400*.....

P. O. Address .....

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.