

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6098

FILED FEB 26 1957

318

1003

State File No.

1383

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No. 1383			
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3/ St. Louis State Hospital 2038				e. STREET ADDRESS (If rural, give location) 6809 Arthur					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) H.		c. (Last) Crow		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1957		
5. SEX <input type="radio"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 6, 1900		9. AGE (In years less birthday) 56 IF UNDER 1 YEAR Months IF UNDER 2 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic			10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME I. J. Crow			13b. MOTHER'S MAIDEN NAME Unknown Coddington			14. NAME OF HUSBAND OR WIFE Alive Crow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or date of service) None		17. INFORMANT'S SIGNATURE OR NAME Clyde Crow, 6549 Odell, St. Louis, Mo.		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease Antecedent causes: Ventricular extra systole *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paresis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x B						20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input 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) m.		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 May 31, 1936, to Feb. 11, 1957, that I last saw the deceased alive on Feb. 11, 1957, and that death occurred at 5:25 a.m., from the causes and on the date stated above.									
23a. SIGNATURE L. Hofstatter (Degree or title) M.D. L. Hofstatter M.D.				23b. ADDRESS 5400 Arsenal St.			23c. DATE SIGNED 2-11-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-12-57		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. FEB 11 '57		REGISTRAR'S SIGNATURE J. B. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.				

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.....
J. P. Burgess

Licensed Embalmer No. 402

P. O. Address, Maple

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.

FEB 6 1958