

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

TOLLE

17694-57
FILED MAR 27 1957

318

1003

STATE FILE NUMBER

2267

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

Health,
Welfare
Public
Service

300
1-56

All
causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by the State Health Department. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		Length of stay in lb 25		d. STREET ADDRESS (If outside, give location) 1239 ADDRESS 1547 SO. 3rd	
3. NAME OF DECEASED (Type or print) First BABY BOY Middle Last CRAYTON #1			4. DATE OF DEATH Month FEB. Day 21, Year 1957		
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 20, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 1 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 0	
13. FATHER'S NAME LUTHER Crayton			14. MOTHER'S MAIDEN NAME COLLEEN ??????		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address ST. LOUIS CITY HOSPITAL #1.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature death DUE TO (b) Accidentally DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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
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.) 776x		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/20/57 to 2/21/57 and last saw her alive on 2/21/57 Death occurred at 1:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) William T. Ottinson M.D.			22b. ADDRESS 1515 LAYETTE AVE?		22c. DATE SIGNED 2/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-30-57	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 11, Mo.			25. DATE RECD. BY LOCAL REG. MAR 7 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD ms

(Licensed Embalmer's Statement on Reverse Side)

