

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14581**
Registrar's No. **4102**

FILED MAY 10 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1014 N. Newstead Avenue			e. STREET ADDRESS (If rural, give location) 1014 N. Newstead Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) HENRY c. (Last) CRENSHAW			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1957				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14, 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Porter		10b. KIND OF BUSINESS OR INDUSTRY Pullman Company	11. BIRTHPLACE (City and State or Foreign Country) Jackson, Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Thomas Crenshaw		13b. MOTHER'S MAIDEN NAME Lydia Boyd		14. NAME OF HUSBAND OR WIFE Ella Crenshaw			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Tennie Anderson ADDRESS 1016 N. Newstead				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiac Disease		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS		Senility				
	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) (Min.)	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 Oct 1953 , to April 27, 1957 , that I last saw the deceased alive on April 26, 1957 , and that death occurred at 10 m., from the causes and on the date stated above.							
23a. SIGNATURE A. Haskell M.D. (Degree or title)			23b. ADDRESS 1303 N. Kinoshuchuan		23c. DATE SIGNED April 30		
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 5/3/57	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. APR 30 1957	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates ADDRESS 4107 Finney				

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

M. G. B. (Licensed Embalmer's Statement on Reverse Side)

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.....

Gupton Swan

Licensed Embalmer No. *4580*

P. O. Address *4107 Finney A*

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.