

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7257  
**FILED AUG 14 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> COUNTY	
Length of stay in 1b <b>25 Yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>E/R to City Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>312 Lafayette</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>PAUL</b> Middle <b>M.</b> Last <b>CROOK</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>2</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/16/18</b>	9. AGE (last birthday) <b>43</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Unk. Missouri</b>	
13a. FATHER'S NAME <b>Borbert Crook</b>		13b. MOTHER'S MAIDEN NAME <b>Nettie (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Katheryn Crook</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Yes (Unk)</b>		17. INFORMANT <b>Paul Crook, 3829 Wisconsin, St. Louis</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral Concussion: Suffered in fall to driveway after being struck with hand of one Milan Chabdar in front of about 1603 So 7th St. about 7:45 P.M., August 2nd 1961.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR OCCASIONING the terminal disease condition given in PART I (a) <b>903.5-44</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>See above</b>
20c. TIME OF INJURY Hour <b>8-2</b> s.m. <b>-61</b> p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>23 Street</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>	COUNTY	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ **8:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Joseph J. McLaughlin</i>	(Degree or title)	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>8-4-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8/5/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hunter</b>	23d. LOCATION (City, town, or county) (State) <b>Hunter, Mo.</b>

24. FUNERAL DIRECTOR <b>McLaughlin, 2301 Lafayette, St. Louis</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 4 1961</b>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *H. G. Farris*

Licensed Embalmer No. 3384

P. O. Address *St. Louis*

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.