

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013154

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3463 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI COUNTY
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2626 BURD AVE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Gerard Middle Crockett Last
 4. DATE OF DEATH Month Mar Day 23 Year 1963

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/22/63 9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 19 IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Theodore Crockett 13b. MOTHER'S MAIDEN NAME FRANCES Burns 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Frances Crockett Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hyaline Membrane disease INTERVAL BETWEEN ONSET AND DEATH 1 day
 (b) Premature birth
 (c) 773.5
 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 (e)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 3-22-63 to 3/23/63 and last saw her/him alive on 3-22-63
 Death occurred at 2 o'clock A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) W. D. Gush 22b. ADDRESS 1453 W. E. Lane 22c. DATE SIGNED 3/23/63
 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 3-26-63 23c. NAME OF CEMETERY OR CREMATORY ST. Peter's Cem. 23d. LOCATION (City, town, or county) (State) ST. LOUIS city MO
 24. FUNERAL DIRECTOR ADDRESS A.F. WALTON 2707 SToddARD 25. DATE RECD. BY LOCAL REG. MAR 26 1963 26. REGISTRAR'S SIGNATURE Coal Smith M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

59

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 not Embalmed
Arthur Watton
Licensed Embalmer No. _____

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.