

No. 300
10.48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3529

BIRTH NO. 48-74986 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 151

906
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis 56	
b. CITY OR TOWN Overland		c. CITY OR TOWN Overland 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 3316 High Drive R D #7		d. STREET ADDRESS (If rural, give location) 3316 High Drive R D #7 1)	

3. NAME OF DECEASED (Type or Print) Thomas	a. (First)	b. (Middle) H.	c. (Last) Crews	4. DATE OF DEATH 1 20 1949	(Month) (Day) (Year)
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 1	8. DATE OF BIRTH Nov. 15, 1948	9. AGE (In years last birthday) 2 5	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri Baptist Hospital	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Strother A. Crews	13b. MOTHER'S MAIDEN NAME Ruby P. Powell	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME None	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 107		
	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. Premature Birth: 7mo.		

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
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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 —
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22. I hereby certify that I attended the deceased from **Nov. 16, 1948**, to **Jan. 20, 1949**, that I last saw the deceased alive on **1-20, 1949**, and that death occurred at **2:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Roy A. Baer	(Degree or title) M. D.	23b. ADDRESS 2438 Hudson Rd.	23c. DATE SIGNED 1-20-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/22/49	24c. NAME OF CEMETERY OR CREMATORY Fee Fee	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. 1-21-49	REGISTRAR'S SIGNATURE Shirley W. ...	25. FUNERAL DIRECTOR'S SIGNATURE Colliers Funeral Home	ADDRESS 10123 St. Charles Rd.
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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
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles Rd

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 this body is not embalmed, fact should be so stated above.