

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42121

FILED JAN 13 1951

State File No. 11108

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1008	Registrar's No. 11108	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1919 So. Grand Blvd.		d. STREET ADDRESS (If rural, give location) 17 1919 S. Grand Blvd. 0			
3. NAME OF DECEASED a. (First) LOUIS		b. (Middle) E.		c. (Last) CRANDALL.	
4. DATE OF DEATH		Dec. 25, 1950			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Nov. 15 1873	9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; President, Simmons Hardware Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Barry, Illinois /	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Edwin A Crandall.		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mary Lorene Crandall.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Lorene Crandall; St. Louis, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Art. Sclerotic Cardio Vas. Disease ANTECEDENT CAUSES Central Hemorrhage Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. None			INTERVAL BETWEEN ONSET AND DEATH 10 yrs? 4-5 min.
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No (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		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR HHOX	
22. I hereby certify that I attended the deceased from 1946 to 12-25, 1950, that I last saw the deceased alive on 12-25, 1950, and that death occurred at 10:20 am., from the causes and on the date stated above.					
23a. SIGNATURE John J. Hammond M.D. (Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 12/25/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-28-1950		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
24d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)			
DATE REC'D BY LOCAL REG. DEC 27 1950		REGISTRAR'S SIGNATURE J. B. Lesater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Bl. vd.	

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

*Thurs. 11.30*

JAN 5 1951

**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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.