

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15119

State File No.

XC- 2 453 119
REG# 92991
FILED MAY 12 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 921

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	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 4 DAYS	
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.		2059	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 1231 HAMILTON, ST. LOUIS, MO.	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) C.	
c. (Last) CROCKETT		4. DATE OF DEATH (Month) (Day) (Year) 4 - 7 - 51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-1-30
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CROCKETTS GROVE, VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM C. CROCKETT	
13b. MOTHER'S MAIDEN NAME WILLIE CRUMP		14. NAME OF HUSBAND OR WIFE LOTTIE CROCKETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES SPAW		16. SOCIAL SECURITY NO. 492-03-0730	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS JEFFERSON BRKS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL-VASCULAR ACCIDENT	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS, ACTIVE RE-INFECTION TYPE, MOD. ADV.		6 MONTHS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331XA	
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) VA		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 4-3-51 , 19 51 , to 4-7- , 19 51 , and that death occurred at 8:20 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE H. H. Zeller		23b. ADDRESS M.D. VAH JEFF BRKS, MISSOURI	
23c. DATE SIGNED 4-8-51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4-14-51		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER	
DATE REC'D BY LOCAL REG. 4/9/51		ADDRESS 7814 S. BRDWAY ST. LOUIS MISSOURI	

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

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

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.