

No. 300  
10-48

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40206  
73259

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 73259

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) OR TOWN Crestwood		c. LENGTH OF STAY (in this place) 45 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crestwood		4799
d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway 66 & Sappington			d. STREET ADDRESS (If rural, give location) Hiway 66 and Sappington		

3. NAME OF DECEASED (Type or Print) HENRY V. CRAIN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) Widowed	8. DATE OF BIRTH Oct. 8, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR 120 Days	IF UNDER 24 HRS. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Marquis Crain		13b. MOTHER'S MAIDEN NAME ? Guerin		14. NAME OF HUSBAND OR WIFE Gabrielle Crain (Dec.)	
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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 Hartwell G. Crain, St. Louis 23, Mo.		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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH several yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis -</u>					
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Cardiac - arrest -</u> <u>coronary occlusion -</u>					
	DUE TO (c)					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on July, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl A. Watterberg, M.D.</u>		23b. ADDRESS <u>3720 Washington Ave</u>		23c. DATE SIGNED <u>11/30/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/1/51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
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DATE REC'D BY LOCAL REG. 11-30-51	REGISTRAR'S SIGNATURE <u>Herbert J. Dombek, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Gopp, Inc.</u>		ADDRESS <u>Kirkwood</u>	
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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 Felix Duval .....

Licensed Embalmer No. 3034 .....

P. O. Address Kirkwood 33 m .....

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.