

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10995

State File No.

APR 8 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 837

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN Ferguson		c. CITY OR TOWN Normandy	
c. LENGTH OF STAY (In this place) 2-YRS.		4181	
d. FULL NAME OF HOSPITAL OR INSTITUTION Halls Ferry Nursing Home		d. STREET ADDRESS (If rural, give location) 7626 Nat'l. Bridge Road	

3. NAME OF DECEASED (Type or Print) Norma			4. DATE OF DEATH Mar. 27, 1952		
a. (First)	b. (Middle)	c. (Last) Crim	(Month)	(Day)	(Year)

5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, - WIDOWED, DIVORCED W.	8. DATE OF BIRTH June 15, 1878	9. AGE (In years, last birthday) 73	IF UNDER 1 YEAR Months 9	IF UNDER 1 HRS. Hours 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James Sandidge	13b. MOTHER'S MAIDEN NAME Frances Barton	14. NAME OF HUSBAND OR WIFE Mr. Clarence Crim
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Frances Crim, Winona, Minn.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH over 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma pharynx		
	II. OTHER SIGNIFICANT CONDITIONS Hypertensive Cardiovascular Renal disease		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	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 Mar 27, 1950, to Mar 27, 1952, that I last saw the deceased alive on Mar 25, 1952, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 3/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 3-28-52	REGISTRAR'S SIGNATURE Herbert R. Domke MD	FUNERAL DIRECTOR'S SIGNATURE Walter J. Donnelly	ADDRESS 3840 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

309
4

8-2-31
after 3 pm

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm S. Salter

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.