

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17881

State File No.

S. No. 300
v. 10.48

FILED JUN 16 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **4828**

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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 4258 Westminster Place	
3. NAME OF DECEASED (Type or Print) WILLIAM		4. DATE OF DEATH (Month) (Day) (Year) MAY 24, 1952	
a. (First) WILLIAM		b. (Middle) H.	
c. (Last) CREVISTON			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-16-1884
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (City and State or Foreign Country) Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE NELLIE-LEE-CREVISTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-03-7921	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elza H. Brooks		ADDRESS 5544a Page Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease - intractable		INTERVAL BETWEEN ONSET AND DEATH 4 mos	
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.)		DUE TO (b) decompensation	
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 checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4200			
22. I hereby certify that I attended the deceased from 6-29-52 , 19__, to 5-24-52 , 19__, that I last saw the deceased alive on 5-24-52 , 19__, and that death occurred at 5:50P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Andrew J. Hartman MD (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 5-26-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May 27, 1952	
24c. NAME OF CEMETERY OR CREMATORY Valhall Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REGISTRY MAY 26 1952		25. FUNERAL DIRECTOR'S SIGNATURE TRUTH CENTER MORTUARY, 4024 Lindell Blvd. ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Ronald O. Valente

Licensed Embalmer No. *3967*

P. O. Address *St Louis*

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.