

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21876

State File No. ....

JUN 27 1952

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

5482

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2119
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3641 Aldine Ave.</b>			d. STREET ADDRESS (If rural, give location) <b>3641 Aldine Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>Gilbert</b>	c. (Last) <b>Crews</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 13 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 18, 1912</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hauling Furniture</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>James Crews</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Hopple</b>	14. NAME OF HUSBAND OR WIFE <b>Salene Creely Crews</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>497-09-2202</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Salene Crews, 3641 Aldine Ave.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Arrest.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of Brain</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> (NOT WHILE AT WORK) <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>193X</b>			
22. I hereby certify that I attended the deceased from <b>Dec 30 1951</b> , to <b>June 13, 1952</b> , that I last saw the deceased alive on <b>June 13, 1952</b> , and that death occurred at <b>8:50 a.m.</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>Wm Compton</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>6122 Page</b>		23c. DATE SIGNED <b>6-13-52</b>
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>6-16-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUN 14 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cullinane Bros, 3320 N. Kingshighway.</b> (Licensed Embalmer) Statement on Reverse Side			

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 Fred Frick.....

Licensed Embalmer No. 3186.....

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.