

#9 JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 25611  
 Registrar's No. 7034

316

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7034</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>2250</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>59.9</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. H. G.</b>				d. STREET ADDRESS (If rural, give location) <b>59.9</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joe</b>		b. (Middle) _____		c. (Last) <b>Crown</b>		4. DATE OF DEATH (Month) <b>6</b> (Day) <b>30</b> (Year) <b>52</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>1884</b>			
9. AGE (In years last birthday) <b>68</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>work 9</b>			
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>work</b>		13b. MOTHER'S MAIDEN NAME <b>work</b>		14. NAME OF HUSBAND OR WIFE <b>work</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>work</b>		16. SOCIAL SECURITY NO. <b>work</b>		17. INFORMANT'S SIGNATURE OR NAME <b>V. S. Vaylor</b>		ADDRESS <b>1300 Clark</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES					
DUE TO (b) <b>Heart Exhaustion</b>				DUE TO (c) <b>Old Left Pulmonary</b>					
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Motor auto accident</b>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>ooo</b>		<b>E9310A</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above. <b>22</b>									
23a. SIGNATURE <b>V. S. Vaylor</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7-17-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-31-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 22 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>		ADDRESS <b>1104 Manchester Ave.</b>			

**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 \_\_\_\_\_

*Students of Mortuary College* Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. *4192*

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.