

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36272**  
Registrar's No. **9485**

FILED NOV 12 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>9485</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. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (If in place) <b>1-WK.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2199</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DesLoge Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4343 Laclede Ave.</b>		
3. NAME OF DECEASED (Type or Print) <b>MELANIE</b>		a. (First) _____	b. (Middle) _____	c. (Last) <b>CRABB</b>	4. DATE OF DEATH <b>October 14, 1952</b>
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>May 7, 1888</b>	9. AGE (In years last birthday) <b>64</b>	If UNDER 1 YEAR: Months <b>5</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b> <b>(1)</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Thomas Donnelly</b>		13b. MOTHER'S MAIDEN NAME <b>Melaine DeScioux</b>	
14. NAME OF HUSBAND OR WIFE <b>Robert Crabb</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Bertha Donnelly</b>		ADDRESS <b>5215 Lotus Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive cardiovascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>  <b>4 years</b>
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? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>Aug. 12, 1948</b> , to <b>October 14, 1952</b> , that I last saw the deceased alive on <b>Oct. 13, 1952</b> , and that death occurred at <b>2:55 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>G.O. Brown M.D.</b>			23b. ADDRESS <b>G.O. Brown, M.D. 1325 South Grand</b>		23c. DATE SIGNED <b>10/14/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 15, 1952</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>OCT 14 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		F. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b> ADDRESS <b>3840 Lindell Blvd.</b>	

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.....

*W Van Matre*

Licensed Embalmer No. 2826

P. O. Address 3840 Lindell

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.