

STANDARD CERTIFICATE OF DEATH

State File No. **2987**
Registrar's No. **0687**

FILED FEB 3 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2987		Registrar's No. 0687					
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2219					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital					d. STREET ADDRESS (If rural, give location) 3457 Lawton								
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle)		c. (Last) Crenshaw		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17 1953				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 9, 1933		9. AGE (In years last birthday) 19		10. IF UNDER 1 YEAR Months 3 Days 8			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Crenshaw Sr.				13b. MOTHER'S MAIDEN NAME Millie Young				14. NAME OF HUSBAND OR WIFE Single					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Millie Crenshaw				ADDRESS 3457 Lawton Blvd.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Brain Tumor ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Osteogenic Sarcoma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							INTERVAL BETWEEN ONSET AND DEATH Undet.	
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? 196X	
22. I hereby certify that I attended the deceased from 1-5 , 19 53 to 1-17 , 19 53 , that I last saw the deceased alive on 1-17 , 19 53 and that death occurred at 2:30 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE Thomas A. Brewer, D.				23b. ADDRESS 2601 N. Whittier St.				23c. DATE SIGNED 1-20-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Father Dixon Cemetery				24d. LOCATION (City, town, or county) (State) Saint Louis County, Mo.					
DATE REC'D BY LOCAL REG. JAN 21 1953		REGISTRAR'S SIGNATURE Charles Smith				25. FUNERAL DIRECTOR'S SIGNATURE Ed. Kance				ADDRESS 1221 N. Grand Blvd.			

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 C. C. Jones

Licensed Embalmer No. 4755

P. O. Address 1271 N. 9th

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.