

to .300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19307

State File No.

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4973

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2179</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3520 Victor Street.,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>A.</u> c. (Last) <u>Crocker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 3 1876</u> 9. AGE (In years last birthday) <u>76</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iron County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Sumpter</u> 13b. MOTHER'S MAIDEN NAME <u>Jane Trollinger</u> 14. NAME OF HUSBAND OR WIFE <u>Marion Crocker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Hatrige, 3520 Victor Street.,</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>UREMIA</u> <u>DEMENTIA, POST-TRAUMATIC</u> <u>FRACTURE, HEAD OF LEFT FEMUR (HEALED)</u> DUE TO (a) <u>ANTERIOR CAUSES</u> DUE TO (b) <u>BRONCHOPNEUMONIA, LEFT LUNG</u> DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death. INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u> <u>5 DAYS</u> <u>6 1/2 MONTHS</u> <u>6 1/2 MONTHS</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>ACCIDENT</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IN HOME</u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CITY OF ST. LOUIS</u> <u>MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 6 1952 10:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u>FELL DOWN FLIGHT OF STAIRS 20</u> <u>E 9000</u>	
22. I hereby certify that I attended the deceased from <u>Nov. 6, 1952</u> to <u>MAY 15, 1953</u> , that I last saw the deceased alive on <u>MAY 15, 1953</u> , and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Eugene V. Henschel M.D.</u>		23b. ADDRESS <u>6200 Hoffman Ave</u>	
23c. DATE SIGNED <u>5/16/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>5-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <u>Iron County, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4700 Washington</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>MAY 18 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> <u>mjb</u> (Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4108

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.