

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27233

State File No. ....

FILED JUL 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1900

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u>		c. LENGTH OF STAY (in this place) <u>2 Months</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock Hill Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>4910 Delor St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTILLIA</u>			b. (Middle) _____		c. (Last) <u>CRAFE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 17, 1890</u>		9. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk (Retired) Ritepoint Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Fader</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Hauses</u>			14. NAME OF HUSBAND OR WIFE <u>Charles J. Crafe</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>493-20-9084</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles J. Crafe</u>				ADDRESS <u>4910 Delor St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal Carcinomatosis</u>					
				ANTECEDENT CAUSES					
				<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>with Stool Obstruction</u></p> <p>DUE TO (c) <u>and Leuco.</u></p>					
II. OTHER SIGNIFICANT CONDITIONS				<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p style="text-align: right;"><u>15:3 X</u></p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Melanocarcinoma of Sigmoid = Benign Metastasis</u>						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? _____					
22. I hereby certify that I attended the deceased from <u>Dec. 1951</u> to <u>July 7, 1953</u> , that I last saw the deceased alive on <u>July 7, 1953</u> , and that death occurred at <u>8:10 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank Amis Jr.</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>7250 A. Statuval Bridge, St. Louis, Mo.</u>				23c. DATE SIGNED <u>7/8/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-9-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Bomke, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>				

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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 *Richard W. Storrs*.....

Licensed Embalmer No. *4007*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.