

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37109

FILED OCT 30 1953

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1003

State File No. ....

Registrar's No. 10079

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Irving	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 4412 Eichelberger		e. STREET ADDRESS (If rural, give location) 87420 8	
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) E. c. (Last) CRANDELL			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Texas Pacific RR	9. AGE (In years last birthday) 59
11. BIRTHPLACE (City and State or Foreign Country) Co. DeSoto, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Louis A. Crandell		13b. MOTHER'S MAIDEN NAME Lydia Deved	14. NAME OF HUSBAND OR WIFE Lulu Crandell
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 Ina Hemker 4412 Eichelberger Ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Resumption of Cocaine</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>See above</u> DUE TO (c) <u>Resumption of Cocaine</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Operated in Kansas City, Mo., 11-24-52</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>W</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 150X	
22. I hereby certify that I attended the deceased from <u>Aug 1, 1953</u> , to <u>10/21/53</u> , that I last saw the deceased alive on <u>10/21/53</u> , 19 <u>53</u> , and that death occurred at <u>8:20P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>4025 S. Kingshighway</u>	23c. DATE SIGNED <u>10-22-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE Oct. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery	24d. LOCATION (City, town, or county) (State) Festus, Mo.
DATE REC'D BY LOCAL REG. OCT 22 1953	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	

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

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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 *William B. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 N. King*.....

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.