

5. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44593

State File No.

FILED JAN 11 1954

BIRTH NO. 107067 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3346

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. CITY OR TOWN <u>Valley Park</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>DOA</u> | | e. STREET ADDRESS (If rural, give location) <u>38 Larkin-Williams Rd.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>BRENDA</u> | a. (First) | b. (Middle) <u>K.</u> | c. (Last) <u>CRABTREE</u> | 4. DATE OF DEATH <u>Dec. 28, 1953</u> | (Month) (Day) (Year) |
|---|------------|-----------------------|---------------------------|---------------------------------------|----------------------|

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|----------------------|-------------------------------|---|---------------------------------------|--|------------------------|-----------------------|------------------------|-----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Sept. 4, 1953</u> | 9. AGE (In years last birthday) <u>3</u> <u>24</u> | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 12 HRS. Hours | IF UNDER 12 HRS. Min. |
|----------------------|-------------------------------|---|---------------------------------------|--|------------------------|-----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo.</u> | 12. COUNTRY OF WHAT CITIZEN? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Jesse Crabtree</u> | 13b. MOTHER'S MAIDEN NAME <u>Wilma Cottrell</u> | 14. NAME OF HUSBAND OR WIFE <u>Single</u> |
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| 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>Jesse Crabtree, Valley Park, Mo.</u> | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural cause</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>SUICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>M.D. Local Registrar</u> | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | 23c. DATE SIGNED <u>12/31/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/30/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12/29/53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Jr.</u> | ADDRESS <u>Kirkwood, Mo.</u> |
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(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..... *Felix Howard*.....

Licensed Embalmer No. *3034*.....

P. O. Address *1. Eastwood*.....

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.