

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10584

State File No.

318

1003

Registrar's No. 2659

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				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 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 type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1.</u>				e. STREET ADDRESS (If rural, give location) <u>4738a S. Grand Blvd. 21570</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILBERT</u> b. (Middle) <u>M.</u> c. (Last) <u>CROSSMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 12, 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 30, 1879</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Floorman (Retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Edwardsville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Morgan Crossman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Stinchcomb</u>			14. NAME OF HUSBAND OR WIFE <u>Corinne Crossman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>497-18-6394</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Corinne Crossman</u> ADDRESS <u>4738a S. Grand Bl.</u>			
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>Cerebral Arteriosclerosis</u> <u>Cerebral vascular accident</u> ANTECEDENT CAUSES <u>Cerebral vascular Accident</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____		
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>331x</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>3-3 56</u> , 19 <u>56</u> , to <u>3-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-12</u> , 19 <u>56</u> , and that death occurred at <u>1:45P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Martin H. Austin M.D.</u> (Describe or title) _____				23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		23c. DATE SIGNED <u>3-13-56.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 14 1956</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</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.....
Edwin A. M. Heermath

Licensed Embalmer No. 302

P. O. Address:.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.