No. 300
10.48

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

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14521

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3552

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY

c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 2300 a South 4th St. 223 %
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3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): James
c. (Last): Crabtree

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 26, 1901
9. AGE (In years last birthday): 54 — 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): Chauffeur -Fire Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Monsanto Chem. Co.
11. BIRTHPLACE (City and State or Foreign Country): Joy, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Crabtree
13b. MOTHER'S MAIDEN NAME: Unknown Holland
14. NAME OF HUSBAND OR WIFE: Beulah May Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Peacetime
16. SOCIAL SECURITY NO.: 499-01-8064
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Leroy J. Crabtree 627 Forder Rd. Lemay, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Whether the result of Injuries
DUE TO (c): suffered in fall while working

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Monsanto Chemical Co., on Jany 26 1956, or from Other causes could not be determined

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Open Verdict
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331 X F

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 300 P. m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title): [signature]
23b. ADDRESS 1300 Clark 1300 Clarice
23c. DATE SIGNED 4/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 11, 1956
24c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery
24d. LOCATION (City, town, or county) (State): 2000 Lemay Ferry Road Lemay, Mo.

DATE REC'D BY LOCAL REG.: APR 10 1956
REGISTRAR'S SIGNATURE: J. Carl Smith MD MDB.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. Hoffmeister U.&L.Co. 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Harry J. Johnson ashe

Licensed Embalmer No. 267

P. O. Address 7814 S. Bro

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