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Reg. 16234 FILED JUN 14 1956

SL-7110

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17724

4700

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived). If Institution: residence before admission)  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.  
c. LENGTH OF STAY (In this place) 6 days  
c. CITY OR TOWN ST. LOUIS  
d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.  
e. STREET ADDRESS (If rural, give location) 3966a Evans Avenue 211/10

3. NAME OF DECEASED (Type or Print)  
a. (First) MILTON b. (Middle) G. c. (Last) CROCKETT  
4. DATE OF DEATH (Month) (Day) (Year) 5-14-56

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 11-19-86 9. AGE (In years last birthday) 69  
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  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) Litchfield, Illinois  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Milton G. Crockett 13b. MOTHER'S MAIDEN NAME Virginia Winters 14. NAME OF HUSBAND OR WIFE Thelma Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-I  
16. SOCIAL SECURITY NO. Unknown  
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand St. Louis, Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) BRONCHOGENIC CARCINOMA WITH GENERALIZED METASTASES  
INTERVAL BETWEEN ONSET AND DEATH Undetermined  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
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 \_\_\_\_\_ 162x  
20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 5-8-56, 19\_\_\_\_, to 5-14-56, 19\_\_\_\_, the deceased died at 8:05 A.M., and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. T. Kaminskas (Degree or title) M.D. 23b. ADDRESS VA Hospital 915 N. Grand St. Louis, Mo. 23c. DATE SIGNED 5-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5/18/56 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo

DATE REC'D BY LOCAL REG. MAY 15 1956 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts 1416 N. Taylor Ave.

M. B. B. (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 *James A. Carter*.....  
Licensed Embalmer No. *46*

P. O. Address *H. Seain*.....

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.