

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 32731

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2110

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL NORMANDY TOWNSHIP</b> )	c. LENGTH OF STAY (In institution) <b>18 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL NORMANDY TOWNSHIP 4000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8119 ALLEN AVE</b>		d. STREET ADDRESS <b>8119 ALLEN AVE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>COLLINGS</b>	c. (Last) <b>CREWS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-4-56</b>
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>6-28-1938</b>	9. AGE (In years last birthday) <b>18</b>	IF UNDER 1 YEAR Months Days	IF UNDER 11 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNK.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>UNK.</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS CO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LEON G. CREWS</b>	13b. MOTHER'S MAIDEN NAME <b>FLORENCE A. SEWELL</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>491-40-4906</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>WILLIAM G. CREWS 8119 ALLEN AVE</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sarcoma of lower spine</b>		<b>1 yr</b>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>19.6X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)	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 Sept 30, 1955, to Sept 4, 1956, that I last saw the deceased alive on Sept 1, 1956, and that death occurred at 11:15 m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. E. Sterling M.D.</b>	(Degree or title)	23b. ADDRESS <b>2050 North Park Rd MO</b>	23c. DATE SIGNED <b>9-6-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-7-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO</b>
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DATE REC'D BY LOCAL REG. <b>9-7-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donahoe</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edw. Dillemer Overland, Mo</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

*Carl H. Hillman*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

*3501*

P. O. Address \_\_\_\_\_

*Orland 14 0010*

**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 this body is not embalmed, fact should be so stated above.