

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42880**
Registrar's No. **10919**

FILED DEC 18 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		c. LENGTH OF STAY (in this place) 1 hour		c. CITY OR TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 4905 HALLOWS AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) HERMAN c. (Last) CRABTREE			4. DATE OF DEATH (Month) (Day) (Year) Nov 27, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 9, 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 2 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER - HUSSMAN REFRIGER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) KEYSVILLE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOSEPH CRABTREE		13b. MOTHER'S NAME JANE CRABTREE		14. NAME OF HUSBAND OR WIFE GLADYS CRABTREE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-19-7930		17. INFORMANT'S SIGNATURE OR NAME Fred Crabtree ADDRESS 4905 HALLOWS AVE	

18. CAUSE OF DEATH (For only one cause per line for (a), (b), and (c)) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			
ANTECEDENT CAUSES			
Morbidity 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. 420.1			

19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO		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 **Nov. 27, 1956** to **Nov 27, 1956** that I last saw the deceased alive on **Nov 27, 1956** and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wesley E. Hayek, M.D. (Degree or Title)		23b. ADDRESS 8700 RIVERVIEW BLDG.		23c. DATE SIGNED NOV 28 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11/28/56		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS ILL.	
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DATE REC'D BY LOCAL REG. NOV 29 1958		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE John A. Kuffy ADDRESS EAST ST. LOUIS, ILL.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 embalmed by me, or by Student Embalmer No. working under my personal supervision. . .

Student.....
Signature of Student Embalmer

Not

Embalmed

Signed.....

Joseph J. Purdy

Licensed Embalmer No. *754*

P. O. Address *East St. 7*

**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.**