

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1957

57 022436
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6175**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE _____ b. COUNTY _____
Missouri

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

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

d. FULL NAME OF HOSPITAL OR INSTITUTION **01 2245A Clark Avenue** e. STREET ADDRESS (If rural, give location) **2245A Clark Avenue**

3. NAME OF DECEASED a. (First) **JOSEPH** b. (Middle) _____ c. (Last) **CROUCH** 4. DATE OF DEATH (Month) (Day) (Year) **June 28 1957**

5. SEX **Male** 6. COLOR OR RACE **Col** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 14 1896** 9. AGE (In years last birthday) Months Days **61 3 14**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Butcher** 10b. KIND OF BUSINESS OR INDUSTRY **Packing House** 11. BIRTHPLACE (City and State or Foreign Country) **Paducah Ky** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Logan Crouch** 13b. MOTHER'S MAIDEN NAME **Mattie Neil** 14. NAME OF HUSBAND OR WIFE **Ruby Couch**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No** 16. SOCIAL SECURITY NO. **497-03-8409** 17. INFORMANT'S SIGNATURE OR NAME **Ruby Crouch** ADDRESS **2245a Clark Avenue**

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardio-Vascular Renal Disease 10 yr**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Myocarditis**
DUE TO (c) **Arteriosclerosis**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **442x** 20. AUTOPSY? YES NO

21a. ACCIDENT (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 **Jan 16, 1957**, to **June 26, 1957**, that I last saw the deceased alive on **June 26, 1957**, and that death occurred at **930 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Lawrence R Allen D.O.** 23b. ADDRESS **2929 N. Marcus** 23c. DATE SIGNED **6-29-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **July 5 1957** 24c. NAME OF CEMETERY OR CREMATORY **Greenwood** 24d. LOCATION (City, town, or county) (State) **St. Louis, Co Mo**

DATE REC'D BY LOCAL REG. **JUL 2-57** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Jas H. Randle & Son** ADDRESS **3133 Bell Ave**

No. 300 10 48
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 *Esther K. Harris*.....

Licensed Embalmer No. *44*.....

P. O. Address *4181 Wash*.....

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.