

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

29351
STATE FILE NUMBERRegistration District No. 318 Primary Registration District No. 1003 Registrar's No. 7579

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <u>7</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Length of stay in 1b		d. STREET ADDRESS 2709a Russell Ave.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ross Middle V. Last Crouch			4. DATE OF DEATH Month August Day 12 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1887		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Fairbury, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown Charles William Crouch			14. MOTHER'S MAIDEN NAME Unknown Florence Druzella Bute		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Clayton Crouch, 2705a Russell Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Broncho-pneumonia					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1-26-53	20f. CITY, TOWN, OR LOCATION 8-12-57		COUNTY	STATE 8-11-57
21. I attended the deceased from 8-12-57 7-30 AM 3:30 AM to 8-12-57 and last saw her/him alive on 8-11-57 . Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. L. Merklin (Degree or title) M.D.			22b. ADDRESS 3507 Potomac St. 3507 Potomac		22c. DATE SIGNED 8-12-57 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-12-57	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) West Plains, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 13 '57	26. REGISTRAR'S SIGNATURE Pearl Smith MD m & c

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1314 Off. of Informant 3-5-62

MEDICAL CERTIFICATION

Missouri
St. Louis

3200 Russell Ave.
Missouri Baptist Hospital

Dec. 15, 1951
Fairview, Ill.
Unknown
Unknown
Clayton Church, 3702 Russell Ave.
Unknown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Heines*

Licensed Embalmer No. 4

P. O. Address *St. Louis*

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