

FILED VS DEC 3 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-042896
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3140

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley 40410
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6119 Shillington		Length of stay in 1b 9 Yrs	d. STREET ADDRESS 6119 Shillington
3. NAME OF DECEASED (Type or print) EDWARD S. CRANE			4. DATE OF DEATH Month 11 Day 23 Year 59
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 1-6-08
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock keeper		10b. KIND OF BUSINESS OR INDUSTRY Airplane Parts	11. BIRTHPLACE (City and state or country) Creston, Iowa
13a. FATHER'S NAME David Crane		13b. MOTHER'S MAIDEN NAME Anna Sullivan	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 483-07-3418	17. INFORMANT Address Myrtle Crane 6119 Shillington 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from March 20, 1958 to Nov. 11, 1959 and last saw her alive on Nov 11, 1959 Death occurred at 6:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Egan, M.D. (Degree or title)		22b. ADDRESS 390 W. St. Anthony	22c. DATE SIGNED 11/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-25-59	23c. NAME OF CEMETERY OR CREMATORY Stith Cemetery	23d. LOCATION (City, town, or county) (State) Carrollton, Ill.
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd.		25. DATE RECD. BY LOCAL REG. NOV 27 1959	26. REGISTRAR'S SIGNATURE Joseph M. Murphy M.D.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 my self....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Bernhard Lohmann.....

Licensed Embalmer No. 3395.....

P. O. Address Ferguson 35m.....

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.