

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020807

FILED VS MAY 18 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b		a. STATE MISSOURI	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER PHILLIPS HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CLYDIE		First Middle Last CROCKETT		4. DATE OF DEATH Month Day Year 4-30-60	
5. SEX FEMALE		6. COLOR OR RACE colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 10-27-22		9. AGE (last birthday) 37 YRS		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) MAID		10b. KIND OF BUSINESS OR INDUSTRY VANVLEET, MISS		11. BIRTHPLACE (City and state or country) U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME ANDREW FEATHERSTON		13b. MOTHER'S MAIDEN NAME ELZIA RUSSELL ELLIS CROCKETT	
14. NAME OF HUSBAND OR WIFE COSTELLO JOHNSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT 3809^a PAGE		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Sudden waning of the Heart**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **976x**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., disease condition given in PART I (a)) **she suffered a heart attack with gun in the head of her husband**

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20c. TIME OF INJURY Hour Month, Day, Year **4 30 60 April 30, 1960**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

20f. CITY, TOWN, OR LOCATION COUNTY STATE **St Louis Mo**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.

Death occurred at **240 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Patricia E. Taylor** (Degree or title)

22b. ADDRESS **1306 Elmwood**

22c. DATE SIGNED **5/4/60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

23b. DATE **5-7-60**

23c. NAME OF CEMETERY OR CREMATORY **GREENWOOD CEM.**

23d. LOCATION (City, town, or county) **ST. LOUIS CITY, MO.**

24. FUNERAL DIRECTOR **A.F. WALTON** ADDRESS **2707 STODDARD ST.**

25. DATE RECD. BY LOCAL REG. **MAY 4 1960**

26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

wife

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jay

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.