

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021875

FILED VS MAY 31 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1480 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arbor Terrace		c. CITY OR TOWN Arbor Terrace	
Length of stay in lb 7 1/2 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mother of Good Council Home		d. STREET ADDRESS (If outside, give location) 6825 Natural Bridge	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Crabb Last Crabb			4. DATE OF DEATH Month May Day 4 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired teacher		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Robert Crabb		13b. MOTHER'S MAIDEN NAME Mary Merriex		14. NAME OF HUSBAND OR WIFE None	
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 Mrs. Leonard Batterson, #4 Highland Pl.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 wks
IMMEDIATE CAUSE (a) Cerebral Hemorrhage		
DUE TO (b) Arteriosclerosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.) None	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ None			
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.) None	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 1952 to May 4, 60 and last saw her May 3, 60 alive on May 3, 60 Death occurred at 2:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) W E Staehle MD	22b. ADDRESS 7124 Natural Bridge	22c. DATE SIGNED May 5, 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-5-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR ADDRESS Harrigan-Sheahan, 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. 5-5-60	26. REGISTRAR'S SIGNATURE John C. Murphy Md.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Stanley A. Ripon

Licensed Embalmer No. 419

P. O. Address St. Louis

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.