

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007101
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 428

FILED VS. MAR 7 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Clayton</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County, Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY c. CITY OR TOWN <u>St. Louis County</u> d. STREET ADDRESS (If outside, give location) <u>1319 S. Compton</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILEY Croker</u>		
4. DATE OF DEATH Month Day Year <u>Feb. 7, 1961</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/29/94</u>	9. AGE (last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Burlington, N. C.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	13a. FATHER'S NAME <u>Absent Herthcock</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Crocker</u>
14. NAME OF HUSBAND OR WIFE <u>Catherine Crocker</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>
17. INFORMANT Address <u>Mrs. Mary Crocker---1319 S. Compton</u>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolization,</u> DUE TO (b) <u>Bilateral Dural Sinus thrombi</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal stage condition given in PART I (a) <u>Myocardial infarction sec. to coronary embolus</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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.)
20f. CITY, TOWN, OR LOCATION <u>Jan. 17, 1961</u> to <u>Feb. 7, 1961</u> and last saw her alive on <u>Feb. 7, 1961</u>	20g. COUNTY <u>St. Louis</u>	20h. STATE <u>Missouri</u>
21. I attended the deceased from <u>6:00am</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Albert P. Howe M.D.</u> (Degree or title)	22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	22c. DATE SIGNED <u>2/7/61</u>
23a. BURIAL, CREMATION, or MOVEMENT (Specify) <u>BURIAL</u>	23b. DATE <u>2/14/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>
23d. LOCATION (City, town, or county) <u>St. Louis, County, Missouri</u>	24. FUNERAL DIRECTOR <u>E. S. Hoare</u> ADDRESS <u>1221 North Grand</u>	25. DATE RECD. BY LOCAL REG. <u>2-11-61</u>
26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		

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 Melvin Blockbourn

Licensed Embalmer No. 3462

P. O. Address 1221 N. Grand St.

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.