

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 1003 6052 -61-022439

AMENDED Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUL 7 1961

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Deaconess Hosp.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **4155 McRee** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**Eula Mae Crask** **June 28 1961**

5. SEX **Female** 6. COLOR OR RACE **W.** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8/12/06** 9. AGE (last birthday) **54** IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Ray Smith Realty Co.** 11. BIRTHPLACE (City and state or country) **Arkansas** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Robert Zimmer** 13b. MOTHER'S MAIDEN NAME **Rhoda Hill** 14. NAME OF HUSBAND OR WIFE **Guy Crask**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT **Guy Crask** Address **4155 McRee**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **3 mons.**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Coronary arteriosclerotic heart disease** **9 yrs.**  
 DUE TO (c) **4201**

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **March 21, 1952** to **June 28, 1961** and last saw her/him alive on **June 28, 1961**  
 Death occurred at **7:15** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) **M.D.** 22b. ADDRESS **634 N. Grand** 22c. DATE SIGNED **6/29/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **June 30 61** 23c. NAME OF CEMETERY OR CREMATORY **St Trinity** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR **McLaughlin 2301 Lafayette** ADDRESS 25. DATE RECD. BY LOCAL REG. **JUN 29 1961** 26. REGISTRAR'S SIGNATURE *[Signature]* **Leon Smith, M.D.**

**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

*H. G. Farris*

Licensed Embalmer No.

*3384*

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.