

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012564

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2846**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 *22/6*

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12 *90-0*

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 26 1962		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 35 Years		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1902a. Mallinckrodt St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1902 Mallinckrodt St	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Alice Crevoisier		4. DATE OF DEATH Month Day Year March 13, 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/8/1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) New Madrid Co, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas Ayers		13b. MOTHER'S MAIDEN NAME Pairlee Brandon	
14. NAME OF HUSBAND OR WIFE Robert F. Crevoisier		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr Granville Crevoisier		Address 52 East Adams St			
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 & cerebral arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 10 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					171 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). arteriosclerotic Heart Disease				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	
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 a.m. p.m. Month, Day, Year					
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 COUNTY STATE	
21. I attended the deceased from June 1946 to 3/13/62 and last saw her ^{her} _{him} alive on 3/7/62 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D.		22b. ADDRESS 4652 Maryland	
22c. DATE SIGNED 3/14/62		22d. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		22e. LOCATION (City, town, or county) (State) St. Louis Co, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/15/62		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	
23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri		24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd		25. DATE RECD. BY LOCAL REG. MAR 14 1962	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

Dr. I. J. Flance
10:30 A.M. to 1 P.M.
4652 Maryland Ave
Fo. 7-4057

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 Joseph S. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6156 Rollman

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.