MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-046323 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3643

FILED NOV 1 9 1965

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Item	Code
1	4036
2	21 69
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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Pine Lawn — Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Shamrock NursingHome — 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): 3951 Humphrey — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: EFFIE — Middle: — Last: CRITCHFIELD

4. DATE OF DEATH: Oct 27 1965

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/18/1882
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Famous-Barr
11. BIRTHPLACE (City and state or country): Neelys, Mo
12. CITIZEN OF WHAT COUNTRY: USA..

13a. FATHER'S NAME: Lafayette Yancey
13b. MOTHER'S MAIDEN NAME: Isabell Sams
14. NAME OF HUSBAND OR WIFE: Samuel Critchfield(decd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [redacted]
17. INFORMANT: Bertha Critchfield — Address: 3951 Humphrey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-Sclerotic-Cardio-Vascular Disease
~~DUE TO (c)~~ 4221

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 ☐ — None
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 3-1-62, to 10-27-65 and last saw her alive on 10-24-65
Death occurred at 6²⁵ p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Allen McNearney M.D.
22b. ADDRESS: 860 N Woodlawn
22c. DATE SIGNED: 10-30-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct 29 1965
23c. NAME OF CEMETERY OR CREMATORY: St Matthew Cem
23d. LOCATION (City, town, or county): St Louis — (State): Mo

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: 10-29-65
26. REGISTRAR'S SIGNATURE: John C. Murphy Md

(Licensed Embalmer's Statement on Reverse Side)

Dr. Allen McReavney
860 N. Woodlawn - Kirkwood
YO6-2026
11815 Des Peres
Jenn Lin Ct

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______________________________ Signed Harry E Monroe
Signature of Student Embalmer

Licensed Embalmer No. 4495

P. O. Address St Louis Mo

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.