

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 8 1937 791

1003

Do not use this space.

3988

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Missouri Baptiste Sanitarium)

File No.....

Registered No..... 1029

St. .... Ward)

2. FULL NAME Beatrice Marie Crawford,

(a) Residence, No. 7161 Lyndover plc., St. NR Ward. Maplewood Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Doyle Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1916-2-13

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

13. NAME Howard J. Thomas,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis, Ill.

15. MAIDEN NAME Kathryn Ratliff,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester, Ill.

17. INFORMANT (ADDRESS) Kathryn Thomas, 7161 Lyndover plc.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 1/25/37

19. UNDERTAKER (ADDRESS) Robert J. Ambruster, Clayton Road at Concordia

20. FILED Jan 23 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to January 22, 1937. I last saw her alive on January 21, 1937. Death is said to have occurred on the date stated above, at 6:30 A.

The principal cause of death and related causes of importance were as follows:

Bi, Lateral Pneumonia Date of onset  
Spontaneous abortion Jan 20-37

Other contributory causes of importance: 14  
Patient History is she had Influenza week before death

Name of operation..... Date of.....  
What test confirmed diagnosis? Cultural Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) R. S. Hobbs J. M. D.  
(Address) 4064 Olive st.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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