MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC'D MAY 10 1938

12671
Do not use this space.

1. PLACE OF DEATH 4224A . ~~No.~~ W Ashland Ave.
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. W ..... Registered No. 3275
(c) City St. Louis, Mo. (d) Street No. 4224A. ~~No.~~ Ashland Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John L. Crawford 616
(a) Residence, No. 4224A . ~~No.~~ W Ashland Ave. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1883

7. AGE YEARS 54 ~~About 55~~ MONTHS 10 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil.
9. Industry or business in which work was done, as 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) Eaton Ala.

FATHER
13. NAME John Crawford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

MOTHER
15. MAIDEN NAME Jane Frenin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT (ADDRESS) Jane Murphy 4320 Labadie Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boligee, Ala. DATE 4/9/38, 19

19. FUNERAL DIRECTOR (ADDRESS) E. L. Garner 2829 Washington Ave.

20. FILED APR 7 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938, to April 3, 1938
I last saw h[illegible] alive on April 1, 1938. Death is said to have occurred on the date stated above, at 12:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
92a	3 mo

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Vincent J Mueller, M. D.
(Address) 2335 Franklin

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, Isaac Jerome Manlove, Licensed Embalmer No. 3994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Isaac Jerome Manlo

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed: Isaac Jerome Manlove

Licensed Embalmer No. 3994

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.)