

DEC 0 FEB 10 1939

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

587
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township
(c) City ST. LOUIS MO. (d) Street No. EN 1905 OREGON AV. 1. Registered No. 587
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

FRED. C. CRAWFORD.
(a) Residence, No. 1900 OREGON AV. St. 23 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF MARY CRAWFORD.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 3-1872
7. AGE YEARS 66 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. BLACKSMITH
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) CHESTER,
(STATE OR COUNTRY) ILLINOIS

13. NAME SAMUEL CRAWFORD

14. BIRTHPLACE (CITY OR TOWN) UNK.
(STATE OR COUNTRY)

15. MAIDEN NAME MIRA BRIGHT.

16. BIRTHPLACE (CITY OR TOWN) UNK.
(STATE OR COUNTRY)

17. INFORMANT MARY CRAWFORD.
(ADDRESS) 1900 OREGON AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE LAKENWOOD PARK JAN. 20, 1939

19. FUNERAL DIRECTOR (NAME) E. J. Schmur.
(ADDRESS) 3125 Lafayette Av.

20. FILED JAN 19 1939
J. P. Busch
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 12:13 PM
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis;
Arterio Sclerosis.

Other contributory causes of importance:
[Signature]

Name of operation Date of
What test confirmed diagnosis? 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 see above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Linn M.D.
(Address) Deputy Coroner

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. Wolmer

Licensed Embalmer No. *41014*

P. O. Address *3125 Lafayette*

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 this body is not embalmed, above space should be left blank.