S. No. 2
M—5-42
v. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38606

Registrar's No. 10705

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")

(d) Street No. 809 N Jefferson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James L. Crawford

3. (b) If veteran, name war World war #1

3. (c) Social Security No. -

4. Sex Male

5. Color or race 2 Col

6. (a) Single, widowed, married, divorced 0 single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased about June 6th 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	12	hr. min.

9. Birthplace Durham (City, town, or county) N.C 1 (State or foreign country)

10. Usual occupation Dentist

11. Industry or business

FATHER
12. Name Daniel A. Crawford
13. Birthplace Burlington (City, town, or county) N. C 1 (State or foreign country)

MOTHER
14. Maiden name Annie Whitted
15. Birthplace Hillsboro (City, town, or county) N. C 1 (State or foreign country)

16. (a) Informant Dan W. Crawford
(b) Address 605 S. Spring St. Wilson N.C

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem Jefferson Brks.

18. (a) Signature of funeral director Jas H Randle & Son
(b) Address 3133 Bell Avenue

19. (a) DEC 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18, year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 9, 1942 to December 18, 1942 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unk.
Chr. Alcoholism	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. ~~or other~~)

Address 2601 N. Whittier Date signed 12/21/42

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Chouteau

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, fact should be so stated above.