No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 209

Registration District No. 318

Primary Registration District No. 7003

Registrar's No. 918

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(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 4 mos; 25 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3412 Delmar Blvd
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Marshall Crawford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 15 (Day) 1878 (Year)

8. AGE: Years 65 Months 5 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliza Johnson
15. Birthplace St Louis County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Martha Smith
(b) Address 112 So. Hanley Rd, Clayton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director English Und. Co.

(b) Address 2931 Lucas ave.

19. (a) JAN 29 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from JAugust 31, 1944, to January 25, 1944, that I last saw him alive on January 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Luetic Heart Disease with Decompensation	Unknown
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 J. E. Smith (M. D. or coroner)

Address 2601 N Whittier St Date signed 1-26-44

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1955

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave.

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.