

FILED MAY 15 1948

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 4053

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

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:
St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 day
(Specify whether _____)
In this community 8 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2731 Lawton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Gillie Crawford

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-14-4681

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Crawford
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased April 26 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 0 2 hr. min.

9. Birthplace Aberdeen, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Car-cleaner (Penn. R.R.)

11. Industry or business

12. Name Sandy McAllister
13. Birthplace Aberdeen, Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Priscilla Larkin
15. Birthplace Aberdeen, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Booker McAllister
(b) Address 3222 LaSalle Avenue
17. (a) Removal (b) Date thereof 5-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aberdeen Mississippi

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) MAY 1 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Generalized peritonitis
Septicemia, perforated
Due to Gastric ulcer

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
Means of injury 3
23. Signature James J. Fitzhugh (M. D. or other)
Clark Date signed 5-1-44

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.....

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.