

FILED JUL 12 1946

STANDARD CERTIFICATE OF DEATH

State File No.

5629

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
3442a Laclede Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John W. Crawford, Jr

3. (b) If veteran, name war No 3. (c) Social Security No. 496-22-3690

4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dora Crawford 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 26, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 28 hr. min.

9. Birthplace Utah Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance man

11. Industry or business

12. Name John W. Crawford, Sr.

13. Birthplace Utah Alabama Spi
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Brown

15. Birthplace Utah Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Murphy

(b) Address 4820 Labadie Avenue

17. (a) Burial (b) Date thereof 6/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) JUN 28 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1817
(If outside city or town limits, write "RURAL")
(d) Street No. 3442a Laclede Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from 11/10/45
1945 to 6/24 1946
that I last saw him alive on 6/20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Heart
Duration 10 hrs

Due to Arterio Sclerosis

Due to 93

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Bradeck (M. D. or other)

Address 117 Jefferson Care Date signed 6/27/46

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

MOTHER FATHER

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.....

Melvin Edward Green, Registered Apprentice No. *383*
working under my personal supervision.

Signed *M. E. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Saeledeane*

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.