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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 38004

Registrar's No. 10097

**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:
Missouri Baptisit Hospital D
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis 96

(c) City or town Wellston 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1513 Lulu Ave., 1
(If rural, give location)

NR

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

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH CRAWFORD.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Chauncey Crowford

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

7. Birth date of deceased Dec. 9, 1871.
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 11 | 11 | hr. min. |

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name ? LaPanse 5
13. Birthplace France
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkown 4
15. Birthplace Unkown
(City, town, or county) (State or foreign country)

16. (a) Informant Willard L. Crawford
(b) Address 1513 Lulu Ave.,

17. (a) Burial (b) Date thereof Nov. 22/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 22 1948 (b) J B Lasiter
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 20
year 1948 hour 2.10 minute A.M. M.

21. I hereby certify that I attended the deceased from 10-29, 1948 to 11-20, 1948
that I last saw her alive on 11-19, 1948
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Cardiac failure | 1 hr. |
| Due to Chronic cardiac failure | 3 mos. |
| Due to Arteriosclerotic heart disease | 10 yrs. |
| Bronchopneumonia | 3 days |

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 Elvin Stumpf (M. D. or other)

Address 3258 Lafayette Scott Date signed 11-20-48

(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

Anthony Bom, Registered Apprentice No. 102,

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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.**