

S. No. 300
M-10-47
v. 5-17-39
I 3905

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41373
State File No. _____
Registrar's No. 11353

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Weeks
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John H. Crawford
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mary M. Crawford
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased December 6th, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Radiator Repair Man

11. Industry or business Self

12. Name Samuel Crawford
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Crawford
(b) Address 4724 St. Louis Ave. (rear)

17. (a) Burial (b) Date thereof 12/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) DEC 30 1948 (b) J.B. Sasate
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County San
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4724 St. Louis Avenue (rear)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 28th
year 1948 hour 5 minute 00 AM.
21. I hereby certify that I attended the deceased from Dec. 19 1948 to Dec. 20 1948
that I last saw him alive on Dec. 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, left Duration 10 days

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

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) (b) Means of injury _____
23. Signature Burdette Ech (M. D. or other) _____
Address 4701 St. Louis Ave. Date signed Dec 29 1948

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 John A. Mlinar
Licensed Embalmer No. 4186
P. O. Address St Louis Mo.

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.