

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

2442
State File No.

639

BIRTH NO. #118659 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 5529 Vernon	
3. NAME OF DECEASED (Type or Print) a. (First) PRESTON b. (Middle) CRAWFORD c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 20th, 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH JULY 4 - 1863
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) PRINTER	11. BIRTHPLACE (State or foreign country) MO
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) PRINTER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME GEORGE CRAWFORD		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Perechel Crawford - 1391 Temple Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200	
22. I hereby certify that I attended the deceased from 1/18/51, 19__, to 1/20/51, 19__, that I last saw the deceased alive on 1/20/51, 19__, and that death occurred at 1:30pm m., from the causes and on the date stated above.			
23a. SIGNATURE Chalmer, M.D.		23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 1/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/23/51	24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem	24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. MO
DATE REC'D BY LOCAL REG. JAN 22 1951	REGISTRAR'S SIGNATURE L. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE Mullen and Co., 5165 Delmar St	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. Allen Davis, Jr.*
Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.