

STANDARD CERTIFICATE OF DEATH

34948

State File No.

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9591

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): St. Louis		c. CITY (If outside corporate limits, write RURAL and give township): St. Louis	
c. LENGTH OF STAY (In this place): 5yrs.		d. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1951	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4908 Lotus Avenue		e. STREET ADDRESS (If rural, give location) 4908 Lotus Avenue	

3. NAME OF DECEASED a. (First) Mary (Type or Print)		b. (Middle) Frances		c. (Last) Crawford		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 20, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days	IF UNDER 24 HRS. Hours 7 Min.	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Aberdeen, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Peter Crawford		13b. MOTHER'S MAIDEN NAME Catherine Crawford		14. NAME OF HUSBAND OR WIFE George A. Crawford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pat Robins, 4908 Lotus	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerosis		
	DUE TO (c)		
II. 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 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 331X
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:25 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Will Smiley M.D.	23b. ADDRESS 4105-a-Easton	23c. DATE SIGNED 10/29/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/30/51	24c. NAME OF CEMETERY OR CREMATORY Okalona, Mississippi	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. OCT 30 1951	REGISTRAR'S SIGNATURE Charles J. Gates	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME Charles J. Gates, 4107 Finney Ave.
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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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.