

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH **7003**

State File No. **2690**
Registrar's No. **0219**

FILED JAN 26 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY St. Louis Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		c. LENGTH OF STAY (in this place) 46 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			STREET ADDRESS (If rural, give location) 2807 Delmar Blvd.		
3. NAME OF DECEASED (Type or Print) a. (First) Mae		b. (Middle)		c. (Last) Crawford	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1952		5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 2-15-1888		9. AGE (In years last birthday) Months Days Hours Min. 63 6 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Belleville Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lawrence Louis		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Jeff 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 Virvian H. Crawford		ADDRESS 2807 Delmar			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Arteriolar Nephrosclerosis		
			DUE TO (c) Essential Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			None		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? AT 6-X	
22. I hereby certify that I attended the deceased from 12-29 , 19 51 , to 1-4 , 19 52 , that I last saw the deceased alive on 1-4-52 , 19 52 , and that death occurred at 9:15a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. A. Harris		23b. ADDRESS M. D. 2601 N Whittier St.		23c. DATE SIGNED 1-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-10-52		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE REC'D BY LOCAL REG. JAN 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Dennie Lowe		ADDRESS 3103 Washington Ave			

(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.....

W. Claude Gordon

Signed.....

Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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.