

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2267

14191

2267

FILED APR 16 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2267		
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis County</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) <u>1-1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1807 Civic Dr</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1807 Civic Dr</u>				
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)		b. (Middle) <u>KEVIN</u>		c. (Last) <u>CRAWFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb 23 - 1950</u>		
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>14</u>		11. HOURS <u>14</u>		12. MIN. <u>14</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		
12. CITIZEN OF WHAT COUNTRY?				12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>John Lester Crawford</u>			13b. MOTHER'S MAIDEN NAME <u>Kerona R Davis</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert W. ...</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Waterbury-Friedrichson Syndrome</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(meningococemia)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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. HOW DID INJURY OCCUR? <u>057.1</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>057.1</u>				
22. I hereby certify that I attended the deceased from <u>3/9 1952</u> to <u>3/9 1952</u> that I last saw the deceased alive on <u>3/9 1952</u> , and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Gunn</u> <u>Walter ...</u>				23b. ADDRESS <u>4517 W. ...</u>		23c. DATE SIGNED <u>3/10/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 11 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>		
DATE REC'D BY LOCAL REG. <u>MAR 10 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter ...</u> ADDRESS <u>4700 Washington</u>				

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

DR GUNN.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Haines
Licensed Embalmer No. 4108
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.