

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30606**
Registrar's No. **2237**

FILED **AUG 25 1953**
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Mo. b. COUNTY _____	
b. CITY OR TOWN Ferguson		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 17 Albert		e. STREET ADDRESS (If rural, give location) 4202 Prairie	
3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) _____ c. (Last) Crawley		4. DATE OF DEATH (Month) (Day) (Year) August 15 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13 1875
9. AGE (In years, last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Crawley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Edwin Crawley		ADDRESS 4202 Prairie Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		b. ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Auricular fibrillation 12 hrs	
DUE TO (c) Arterio sclerosis Years		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		Cerebral thrombosis 5 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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? _____	
22. I hereby certify that I attended the deceased from 10/17, 1942 to 8/15, 1953 that I last saw the deceased alive on 8/11, 1953 , and that death occurred at 3:30 A.M. from the causes and on the date stated above.			
23a. SIGNATURE Wm. C. Sullivan (Degree or Title) _____		23b. ADDRESS 2322 N. Kentucky	
23c. DATE SIGNED 8/15/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/17/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's ADDRESS 2249 N. Euclid Ave.	
DATE REC'D BY LOCAL REG. 8-16-53		REGISTRAR'S SIGNATURE Herbert R. Sullivan	

Mr Wm A. McGuire
2322 N. Kings Highway
St. Louis 667

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.....
Signature of Student Embalmer

Signed..... *Albert Maffield*

Licensed Embalmer No. *307*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.