

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5661**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo 0		c. CITY OR TOWN St Louis Mo	
c. LENGTH OF STAY (In this place) 3 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hosp		e. STREET ADDRESS (If rural, give location) 6201 Winona Ave.	

3. NAME OF DECEASED (Type or Print) MARY DOLLY CRAWFORD			4. DATE OF DEATH (Month) (Day) (Year) June 22 1954		
a. (First)		b. (Middle)		c. (Last)	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) M	8. DATE OF BIRTH May 20-1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Days 1	IF UNDER 1 HR. Hours 2	Min.
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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 (City and State or Foreign Country) Fredricktown Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Schulte	13b. MOTHER'S MAIDEN NAME Worsham	14. NAME OF HUSBAND OR WIFE Joe B Crawford
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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 Joseph B Crawford	ADDRESS 6201 Winona
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Arteriosclerotic Heart Disease		
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 checked="" type="checkbox"/>
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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) 4200
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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?
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22. I hereby certify that I attended the deceased from **Aug. 1952**, to **June 22, 1954**, that I last saw the deceased alive on **June 22, 1954** and that death occurred at **8:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Caney M.D.	(Degree or title)	23b. ADDRESS 906 Olive	23c. DATE SIGNED 6-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25-1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. JUN 24 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Bokeog	ADDRESS 6536 Clayton Rd.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *416*
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.**