No. 300
10.48

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

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38648

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9931

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN: Webster Groves 58
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 514 Lake Ave. 4587

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): MARION
c. (Last): CRAWFORD

4. DATE OF DEATH (Month) (Day) (Year): 11-1-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-17-1871
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: R.W.Express
11. BIRTHPLACE (City and State or Foreign Country): Burden Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ----- Crawford
13b. MOTHER'S MAIDEN NAME: ----- Wilson
14. NAME OF HUSBAND OR WIFE: Pearle A Crawford

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 — **ADDRESS**: Mr.T.H.Campbell Medina,Washington

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General arteriosclerosis — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy Prostate

19a. DATE OF OPERATION: July-1954
19b. MAJOR FINDINGS OF OPERATION: Hypertrophy Prostate
20. AUTOPSY? YES ☐ NO ☒

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): -- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: --

4200

22. *I hereby certify that I attended the deceased from* June, 1939, *to* Nov. 1, 1954, *that I last saw the deceased alive on* Nov. 1, 1954, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. C. Smith M.D.
23b. ADDRESS: 19 E. Lockwood Ave. Webster Groves 19, Mo.
23c. DATE SIGNED: 11-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-4-1954
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood Mo.

DATE REC'D BY LOCAL REG.: NOV 3 1954
REGISTRAR'S SIGNATURE: H. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Parker-Aldrich . Webster Groves,Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 439

P. O. Address Webster Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.