

FILED OCT 24 1955

State File No. 8915

BIRTH NO. 80282-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8915

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 15 hrs		d. STREET ADDRESS (If rural, give location) 6432 ^a Marmaduke	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Deaconess Hospital		3. NAME OF DECEASED a. (First) Robert b. (Middle) c. (Last) Crawford	

4. DATE OF DEATH (Month) (Day) (Year) October 11, 1955	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 10, 1955	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri St. Louis	12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Robert Leon Crawford	13b. MOTHER'S MAIDEN NAME Frances Johns	14. NAME OF HUSBAND OR WIFE None
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 AND ADDRESS Mr. A. L. Crawford 6432 ^a Marmaduke

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Resection atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hyaline Membrane		
	DUE TO (c) Premature Separation of Placenta		
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 762.5	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. 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?

22. I hereby certify that I attended the deceased from Oct. 10, 1955, to Oct. 11, 1955, that I last saw the deceased alive on Oct 11, 1955, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE Frank H. Robertson, M.D.	(Degree or title)	23b. ADDRESS 634 W. Grand Ave.	23c. DATE SIGNED 10-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-12-55	24c. NAME OF CEMETERY OR CREMATORY St. Matthews	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. OCT 13 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
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(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 _____

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.