

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10583**

**FILED MAR 29 1956**

State File No. ....

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** **318** **PRIMARY REG. DIST. NO.** **1003** **Registrar's No.** **2177**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4141 Magnolia</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>  b. COUNTY _____  c. CITY OR TOWN <b>St Louis</b>  d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <b>4141 Magnolia</b> <b>17</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>Preston</b> a. (First) _____	<b>B.</b> b. (Middle) _____	<b>Crawford</b> c. (Last) _____	<b>4. DATE OF DEATH</b> <b>Feb. 28 1956</b> (Month) (Day) (Year)
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 22, 1881</b>	<b>9. AGE (In years last birthday)</b> <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Railway Mail Clerk</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Post Office</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Saline County, Arkansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Augustus A. Crawford</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Martha Rowan</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Effie Crawford</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Effie Crawford</b>	<b>ADDRESS</b> <b>4141 Magnolia Ave.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <b>Chronic Heart &amp; Kidney disease</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>9 da.</b>
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>442x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from** 1955, to 21, 1956; that I last saw the deceased alive on 2-21, 1956, and that death occurred at 4 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Halter, Abell</b> (Degree or title) <b>md.</b>	<b>23b. ADDRESS</b> <b>2753 No 39th</b>	<b>23c. DATE SIGNED</b> <b>2-28-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>3-2-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bellefontaine Cem.</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 1 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	<b>ADDRESS</b> <b>4700 Washington.</b>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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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 *Stanley H. Dign...*

Licensed Embalmer No. *4*

P. O. Address *H. Dign...*

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