

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3751 Cook Ave

a. STREET ADDRESS (If rural, give location) 2117 23751 Cook Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Corine

c. (Last) Crawford

4. DATE OF DEATH (Month) (Day) (Year) 8 15 57

5. SEX F 3

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-13-1920

9. AGE (In years last birthday) 37

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) Aberdeen Miss

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willie Dilworth

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE David Crawford

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Crawford 3751 Cook Ave

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC NEPHRITIS WITH UREMIA
Chronic Nephritis with Uremia
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
592x

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8/1 1957 to 8/13 1957, that I last saw the deceased alive on 8-13-1957, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Beene (Degree or title) _____

23b. ADDRESS 205 No. Jefferson _____

23c. DATE SIGNED 8/16/57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 8-21-57

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. AUG 19 57

REGISTRAR'S SIGNATURE J. Earl Smith M.D.
FUNERAL DIRECTOR'S SIGNATURE GUSHAWK 2930 Dickson St.

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.....

Leroy H. Gannister

Licensed Embalmer No. 432

P. O. Address 4251 No. 1st

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.