Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 29344

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6934

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, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes X No ☐	c. CITY OR TOWN St. Louis, Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 956 Hamilton Ave. Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 25 956 Hamilton, Ave. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Mary	Middle: Justice	Last: Crawford	4. DATE OF DEATH Month Day Year: July 22, 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 6, 1883	9. AGE (In years last birthday): 74 — 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (City and state or country): Pedricktown, New Jersey.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Harry Justice		14. MOTHER'S MAIDEN NAME: Mamie Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Dr. Jay S. Crawford, 956 Hamilton, Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease — 15 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443x

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1954, to July 1957 and last saw her alive on July 22, 1957. Death occurred at 11 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. Todd Forsythe (Degree or title) B. Todd Forsythe M.D.

22b. ADDRESS 3720 Washington St Louis 8 Mo.

22c. DATE SIGNED 24 July 57.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 7-24-57	23c. NAME OF CEMETERY OR CREMATORY: Local	23d. LOCATION (City, town, or county) (State): Pedricktown, New Jersey
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington,	25. DATE RECD. BY LOCAL REG.: JUL 24 '57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJB	

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address M. Lou

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