

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37321

STATE FILE NUMBER
9794

FILED OCT 29 1957

Registration District No. **318** Primary Registration District No. **1003**

S. 300
1-57

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, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
04 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b 3 days	d. STREET ADDRESS 956 Hamilton Avenue.,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAY Middle S. Last CRAWFORD			4. DATE OF DEATH OCTOBER 17, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1882	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optician		10b. KIND OF BUSINESS OR INDUSTRY Optical	11. BIRTHPLACE (City and state or country) Hifflintown, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unw. William Crawford		13b. MOTHER'S MAIDEN NAME Karrie Insinger		14. NAME OF HUSBAND OR WIFE Mary Justice Crawford, dec'd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 206-22-6597		17. INFORMANT Mrs. D. H. Thompson, Pedricktown, New Jersey Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STAPHYLOCOCCI SEPTICEMIA INFECTION AND GI BLEEDING DUE TO (b) HIATUS HERNIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 WEEK 3 YEARS 10 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OLD MYOCARDIAL INFARCTION				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5 YEARS 5604			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 OCT. 14, 1957 to OCT. 17, 1957 and last saw her/him alive on OCT. 17, 1957 Death occurred at 8:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. J. VanMuller, M.D.</i> (Degree or title)			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-21-57	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Hifflintown, Pennsylvania.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. OCT 19 57		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

11/11/32

St. Louis

252 Hamilton Avenue

3 days

July 10, 1932

White Male

Miliffintown, Pennsylvania U.S.A.

Optical

Optician

Mary Justice Crawford, Dec'd

Mary Justice Crawford

Undersigned (Newford)

Mrs. D. H. Thomson, Patrichtown, New Jersey

Patrichtown

Wife

No

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 *Melvin L. Kemper*

Licensed Embalmer No. *4052*
1911 Washington
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting

If this body is not embalmed, fact should be so stated above.

Albert H. Hobbs, 1100 Washington Blvd.