

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

428260
STATE FILE NUMBER
Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2995

FILED DEC 11 1957

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1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co Hosp</u>		Length of stay in 1b <u>DOA</u>	
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>ELMER</u> Last <u>CRAWFORD</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>26</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 19, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vulcanizer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crader Tire Co.</u>	11. BIRTHPLACE (City and state or country) <u>Waverly, Tenn.</u>
13a. FATHER'S NAME <u>Thomas Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Artelia Woolverton</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>		16. SOCIAL SECURITY NO. <u>407-07-8513</u>	17. INFORMANT Address <u>Berkeley 21M</u> <u>Hubert E. Crawford 6752 Carol Lee</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Natural disease (arteriosclerosis and complications)</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Natural Causes</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Suffered heart attack while walking from American Legion Bldg., at 1860 Irving Ave. to the Crader Tire Co., next door, where he was employed</u>	
20c. TIME OF INJURY Hour <u>1:30</u> Month <u>Nov</u> Day <u>26</u> Year <u>57</u> <u>Approximately</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Exterior of building</u>	
20e. CITY, TOWN, OR LOCATION <u>Wellston</u>		20f. COUNTY STATE <u>St. Louis Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond L. ...</u> (Degree or title) Coroner		22b. ADDRESS <u>Clayton, Mo.</u>	
22c. DATE SIGNED <u>12/2/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 29, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Ortmann F. Home</u> ADDRESS <u>9222 Lackland</u>		25. DATE RECD. BY LOCAL REG. <u>11-28-57</u>	
26. REGISTAR'S SIGNATURE <u>Herbert R. ...</u>			
27. OVERLAND 14, Mo.			

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.

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 *Al C. Ostmann*

Licensed Embalmer No. *3478*

P. O. Address

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.