

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034119
STATE FILE NUMBER 8667

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8667

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 Webster Groves 4670 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 38 days	d. STREET ADDRESS (If outside, give location) 428 California Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EVELYN H CRAWFORD			4. DATE OF DEATH Month Day Year AUGUST 25, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 30, 1906
9. AGE (In years by birthday) 51		9. AGE (In years by birthday) Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer
10b. KIND OF BUSINESS OR INDUSTRY Department Store		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? United States
13a. FATHER'S NAME B. Riley Hawk		13b. MOTHER'S MAIDEN NAME Anna Ichtertz	14. NAME OF HUSBAND OR WIFE Ellis V. T. Crawford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, circumstances) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-34-2770.	17. INFORMANT Address Ellis V. T. Crawford 428 California
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse Lymphosarcoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 200.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 months
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.)	
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 7/18/58 to 8/25/58 and last saw her alive on 8/25/58 Death occurred at 4:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. D. Veillien, M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED SEP 8 '58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-8-58	23c. NAME OF CEMETERY OR CREMATORY Crestwood (Harris Hospital)	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Barneo Hospital St. Louis Mo.		25. DATE RECD. BY LOCAL REG. SEP 8 '58	26. REGISTRAR'S SIGNATURE C. Carl Smith Mo m & B

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

not embalmed.
Anatomical Board

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

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.