URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 046360

XC# 13830750 R#A-949 FILED VS DEC 21 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3229 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS — Length of stay in 1b 21 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILL. b. COUNTY VERMILION
c. CITY OR TOWN DANVILLE — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 931 Kingdom Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ELMER Middle M Last CRAWFORD
4. DATE OF DEATH Month December Day 3, Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH 4-28-1899
9. AGE (last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
11. BIRTHPLACE (City and state or country) POTOMAC, ILLINOIS
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME EBEN CRAWFORD
13b. MOTHER'S MAIDEN NAME MINNIE MASON
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 348070508
17. INFORMANT Address VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI

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) ACUTE TRACHEOBRONCHITIS — INTERVAL BETWEEN ONSET AND DEATH 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) POST TRAUMATIC BRAIN SYNDROME — 9 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
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. VA I attended the deceased from 11-12-59, to 12-3-59 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX and last saw him alive on
Death occurred at 6:05A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. B. Neukom, M.D. Acting Dir. Prof. Services
22b. ADDRESS VAH JEFFERSON BARRACKS, MO.
22c. DATE SIGNED 12-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/7/59
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo.

24. FUNERAL DIRECTOR ADDRESS Edward Fendler Mortuary 5611 So. Grand Blvd.
25. DATE RECD. BY LOCAL REG. 12-4-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. W. Humphrey
Signature of Student Embalmer

Licensed Embalmer No. 477

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to com 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.