

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 1003 10258 -61-038428
 STATE FILE NUMBER

AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10258

FILED NOV 10 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Illinois b. COUNTY _____
 c. CITY OR TOWN Lovejoy Inside Limits Yes No
 d. STREET ADDRESS 605 Adams St (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ellard Middle Charles Last Crawford 4. DATE OF DEATH Month November Day 1 Year 1961

5. SEX Male 6. COLOR OR RACE Col 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-4-1889 9. AGE (last birthday) 72 IF UNDER 1 YEAR IF UNDER 24 HR
 Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Genr. Bg. House laborer 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Nettleton, Miss. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mary Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Mary Crawford Address 605 Adams St. Lovejoy, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Embolus INTERVAL BETWEEN ONSET AND DEATH 2 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gangrenous Cystitis, chronic weeks
 DUE TO (c) Encephalo malacia due to 4 days.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis 605+
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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. I attended the deceased from Jan 1961 to Nov. 1, 1961 and last saw ^{her}him alive on 10/31/61
 Death occurred at 9:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Masao Okamoto M.D. (Degree or title) 22b. ADDRESS 1755 S. Grand Blvd. 22c. DATE SIGNED 11-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11/7/61 23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens & Memorial 23d. LOCATION (City, town, or county) (State) Stokey Township, Illinois

24. FUNERAL DIRECTOR'S ADDRESS Officers Funeral Home, 4. St. Louis, Ill. 25. DATE RECD. BY LOCAL REG. NOV 3 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

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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 Frank Prato

Licensed Embalmer No. 4356

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.