

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025769

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6969 STATE FILE NUMBER

FILED JUL 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59  
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DATE AMENDED  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|  |  |   |                             |  |  |   |  |   |                        |                             |   |   |                              |  |                              |   |                                |  |                              |  |  |  |  |
|--|--|---|-----------------------------|--|--|---|--|---|------------------------|-----------------------------|---|---|------------------------------|--|------------------------------|---|--------------------------------|--|------------------------------|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | b. CITY (if outside corporate limits, give TOWNSHIP only)<br>ST. LOUIS                                    |                             | Length of stay in 1b<br>25 years   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br>MO |  | b. COUNTY   |                        | c. CITY OR TOWN<br>St Louis |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                              |  |                              |   |                                |  |                              |  |  |  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION<br>City Hospital #2  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |                             | d. STREET ADDRESS<br>4 Parkland Pl.  |  | (If outside, give location)   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                        |                             |   |   |                              |  |                              |   |                                |  |                              |  |  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>Edith M Crawford  |  |   | 4. DATE OF DEATH<br>6 30 63 |  |  | 5. SEX<br>F   |  |   | 6. COLOR OR RACE<br>W. |                             | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br>11.15.17 |  | 9. AGE (last birthday)<br>45 |   | IF UNDER 1 YEAR<br>Months Days |  | IF UNDER 24 HR<br>Hours Min. |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Home work   |  |   |                             | 10b. KIND OF BUSINESS OR INDUSTRY<br>Partsmth park   |  |   |  | 11. BIRTHPLACE (City and state or country)<br>USA                                     |                        |                             |   | 12. CITIZEN OF WHAT COUNTRY<br>USA  |                              |  |                              |   |                                |  |                              |  |  |  |  |
| 13a. FATHER'S NAME<br>A.W. Willis  |  |   |                             | 13b. MOTHER'S MAIDEN NAME<br>Bettie Tate   |  |   |  | 14. NAME OF HUSBAND OR WIFE<br>Henry Crawford   |                        |                             |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)<br>no                            |                              |  |                              | 16. SOCIAL SECURITY NO.   |                                |  |                              | 17. INFORMANT<br>Henry Crawford 4 Parkland Pl. |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br>Tobar Pneumonia  |  |   |                             |  |  |   |  |   |                        |                             |   | INTERVAL BETWEEN ONSET AND DEATH  |                              |  |                              |   |                                |  |                              |  |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>490x   |  |   |                             |  |  |   |  |   |                        |                             |   | 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                |  |                              |  |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.) |  |   |  |   |                        |                             |   |   |                              |  |                              |   |                                |  |                              |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |  | 20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>10 A.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |                             |  |  |   |  |   |                        |                             |   |   |                              |  |                              |   |                                |  |                              |  |  |  |  |
| 22a. SIGNATURE<br>Gaul Simon Deputy Coroner  |  |   |                             | 22b. ADDRESS<br>1300 Clark   |  |   |  | 22c. DATE SIGNED<br>7/5/63  |                        |                             |   |   |                              |  |                              |   |                                |  |                              |  |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 23b. DATE<br>7.6.63   |                             | 23c. NAME OF CEMETERY OR CREMATORY<br>Father Dickson   |  | 23d. LOCATION (City, town, or county)<br>Kirkswood  |  | (State)   |                        |                             |   |   |                              |  |                              |   |                                |  |                              |  |  |  |  |
| 24. FUNERAL DIRECTOR<br>A H Burke 3906 Ashland   |  |   |                             | 25. DATE RECD. BY LOCAL REG.<br>JUL 5 1963   |  | 26. REGISTRAR'S SIGNATURE<br>Road Smith. M.D.   |  |   |                        |                             |   |   |                              |  |                              |   |                                |  |                              |  |  |  |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Lyne White*

Licensed Embalmer No. 4628

P. O. Address 1238 N. King Highway

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.

*City 13*