

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

AUG 18 1936

29234
5012 23

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS** (No. **DEACONESS HOSPITAL** St. Ward)

File No.
Registered No. **8018**

2. FULL NAME **VIRGINIA CRAWSHAW**

(a) Residence, No. **1837 LAFAYETTE AVE.** St. **23** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **LIFE** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **XXX**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 26, 1921**

7. AGE YEARS **15** MONTHS **X** DAYS **3** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **AT SCHOOL**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **AT HOME**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO.**

FATHER 13. NAME **GEORGE T. CRAWSHAW**
14. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO.**

MOTHER 15. MAIDEN NAME **AGNES HOOZSTRAAT**
16. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO.**

17. INFORMANT **GEORGE T. CRAWSHAW** (ADDRESS) **1837 LAFAYETTE AVE.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **HIRAM CEMETERY** DATE **AUG. 1**, 19**36**

19. UNDERTAKER **Peck Bros** (ADDRESS) **3029 LAFAYETTE AVE.**

20. FILED **JUL 30 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 29**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **July 18**, 19**36** to **July 29**, 19**36**.
I last saw him alive on **July 28**, 19**36**. Death is said to have occurred on the date stated above, at **6** A. M.

The principal cause of death and related causes of importance were as follows:
Date of onset

General peritonitis due to a ruptured appendix about 4 days before operation.
Other contributory causes of importance:
Perforated appendix

Name of operation **Appendectomy** Date of operation **July 17**
What test confirmed diagnosis? **Was there an autopsy?**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) **Dr. J. Smith**, M. D.
(Address) **3626 So. Broadway**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

