

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791Primary Registration District No. 1003File No. 4354Registered No. 1547(No. Mo Baptist Hosp)

St. _____

Ward _____

2. FULL NAME Erwin Gayle Crawford(a) Residence No. 57161 Lyndhurst

(Usual place of abode)

Ward 1 Maplewood Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-21-37

7. AGE

YEARS _____

MONTHS _____

DAYS _____

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mo. Baptist Hosp(STATE OR COUNTRY) St. Louis Mo.

MOTHER

13. NAME Mr. Gayle Crawford14. BIRTHPLACE (CITY OR TOWN) Ovan Mo.(STATE OR COUNTRY) 115. MAIDEN NAME Marie Thomas16. BIRTHPLACE (CITY OR TOWN) Chicago Ill.(STATE OR COUNTRY) 217. INFORMANT (ADDRESS) Dr. Doyle Crawford18. BURIAL (ADDRESS) Maplewood Mo19. UNDERTAKER (ADDRESS) City Health Dept

20. FEB 3 - 1937

19

19

19

19

19

19

19

19

19

Registrar. J. F. Braddock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1937

22. I HEREBY CERTIFY That I attended deceased from

1-21, 1937, to 1-21, 1937I last saw him alive on 1-21, 1937 Death is saidto have occurred on the date stated above, at 3 A. m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

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 _____, 1937

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) A. G. Hobbs, M. D.(Address) 4044 Olive St.

