

REC'D MAR 24 1938

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

8085  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
(c) City Clayton (d) Street No. St. Louis County Hosp. Registered No. 264  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Crawford, Nora 616

(a) Residence, No. 6919 Ethel Avenue St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY that I attended deceased from Feb 5, 1938 to Feb 7, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8 - 1902

I last saw her alive on Feb 7, 1938. Death is said to have occurred on the date stated above, at 7:35 PM

7. AGE YEARS 35 MONTHS 11 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Librarian  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Broncho-pneumonia Date of onset 2-5-38  
59  
Other contributory causes of importance:  
Dilated Myocardium 1922  
Myocardium ?  
Hepatitis ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Nebraska

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

FATHER 13. NAME Wm N. Crawford

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

MOTHER 15. MAIDEN NAME Melissa Hoyt

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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

17. INFORMANT (ADDRESS) Autha Annick 6919 Ethel Ave

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfield, Neb DATE Feb. 11, 1938

Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Home 427 N. Euclid Ave

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 2-8 1938 W. M. D. D. D. Local Registrar.

If so, specify \_\_\_\_\_ (Signed) W. M. D. D. D. M. D.

(Address) St. L. Co. Hospital

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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Albert H. Hojse  
Licensed Embalmer No. 1861

**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.)**