

REC'D APR 1 1938

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

8859
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri, Mo. Registration District No. 791
(b) Town St. Louis Primary Registration District No. 1003 Registered No. 2448
(c) City St. Louis (d) Street No. 1738 A Division St St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Martha Crawford 616
Residence, No. 1738 A Division St. St. 25 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS About 63 MONTHS DAYS If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Mississippi
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Miss
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Miss.

17. INFORMANT Eddie McGee (ADDRESS) 1738A Division St
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE March 12th 38
19. FUNERAL DIRECTOR A.L. Beal Und. Co (ADDRESS) 2726 Lucas Ave
20. FILED J.F. Bredeck Local Registrar. (Address) 711 N. 10th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1938
22. I HEREBY CERTIFY That I attended deceased from Feb. 23 1938 to March 8 1938
I last saw him alive on March 8th 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Pericarditis Date of onset Feb. 16
1150

Other contributory causes of importance:
long illness, non specific, non diphtheritic

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 _____, 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? No
If so, specify _____ (Signed) J.A. Flawers, M. D. (Address) 711 N. 10th St

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.

STATEMENT BY LICENSED EMBALMER

I, John E. Pope Licensed Embalmer No. 1463

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

John E. Pope L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed John E. Pope

Licensed Embalmer No. 1463

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.)