WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17126

Registration District No. FILED JUN 15 1940 791

Primary Registration District No. 1003

Registrar's No. 4604

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Depaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 DAYS (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 2220 College Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Arthur Crawley 640

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH (Month) 14 (Day) 1936 (Year)

8. AGE: Years 4 Months 2 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name James F. Crawley
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Agnes Marie Schulte
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James M. Crawley
(b) Address 2220 College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand

19. (a) MAY 25 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1940 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from April 29, 1940, to May 5, 1940 that I last saw him alive on May 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis (Strept)	3 wks
Due to Streptococcus Non Epidemic	
Due to Basalar brain abscess	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Meningitis Brain abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 2739 No Grand Date signed 4/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank G. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.