

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1940
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36794**
Registrar's No. **9067**

Registration District No. **7911** Primary Registration District No. **1003**

1. PLACE OF DEATH: **FILED DEC 11 1940**
(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:
3737 Kossuth Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 yrs.** years, months or days

3. (a) PRINT FULL NAME **Harry F. Crawford**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-03-1925**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ollie Crawford** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **July 3rd. 1884** (Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Ohio** (City, town, or county) (State or foreign country)

10. Usual occupation **Tool and Die Maker**

11. Industry or business **Benjiman Ropes Co.**

12. Name **Dont Know**

13. Birthplace **" "** (City, town, or county) (State or foreign country)

14. Maiden name **Dont Know**

15. Birthplace **" "** (City, town, or county) (State or foreign country)

16. (a) Informant **Ollie Crawford**

(b) Address **3737 Kossuth Ave.**

17. (a) **Burial** (b) Date thereof **11-4-40** (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **James H. H. Co.**

(b) Address **3710 N. Grand Blvd.**

19. (a) **NOV 4 1940** (b) **J. H. H. Co.** (Date received local registrar) (Registrar's signature)

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. **3737 Kossuth Ave.** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct. 31st** year **1940** hour **8.30** minute **P.** M.

21. I hereby certify that I attended the deceased from **about Oct 10**, 19 **40** to **Oct 31**, 19 **40**
that I last saw him alive on **Oct 31**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial** **Chronic** Duration _____

Due to **Arteriosclerosis**

Due to _____

Other conditions **Had Tuberculous** (Include pregnancy within 3 months of death)
for 30 years

Major findings: **Of operations** PHYSICIAN _____

Of autopsy **no** 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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **C. J. Prickett** (M. D. or other) _____

Address **3928 Franklin** Date signed **Nov 4 1940**

C. L. Puckett
3529 Franklin ave
1-3

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 me

....., Registered Apprentice No. 238
working under my personal supervision.

Signed

Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl

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.)

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