S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31849

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 9068

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: 3320 CAROLINE ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 18 17 9
(d) Street No. 3320 CAROLINE ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME EVERETT CRAWFORD
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MAUDE CRAWFORD
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased FEBRUARY (Month) 27 (Day) 1885 (Year)
8. AGE: Years 57 Months 8 Days 1 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation NIL
11. Industry or business
MOTHER FATHER
12. Name SAMUEL CRAWFORD
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
14. Maiden name MINERVIA BRIGHT
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
16. (a) Informant Mrs Maude Crawford
(b) Address 3320 Caroline St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 31 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director E. J. Schmitt
(b) Address 3125 Lafayette Av.
19. (a) OCT 30 1942 (Date received local registrar) (b) J. F. Bulock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1942 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10-11 42 to 10-28 1942; that I last saw him alive on 10-28 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis — 2 yrs.
Due to
Due to
Chronic Interstitial Nephritis
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 N. Lucland Dahms (M. D. or other)
Address 1452 So. Grand Date signed 10-30-42

(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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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, fact should be so stated above.