

FILED DEC 9 1943

Registration District No.

318

Primary Registration District No.

1003

State File No.

Registrar's No.

10343

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:  
Enroute To City Hospital # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 3 (Specify whether  
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. 709 Marion St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Crawford

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife King Crawford 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept. 30th 1906  
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 24 If less than one day 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name George Hill

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

14. Maiden name Teresa Colonna

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

16. (a) Informant George Hill

(b) Address 4029 North 22 st.

17. (a) Burial (b) Date thereof 11/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 S.S. Peter & Paul Cem

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) NOV 26 1943 J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th  
year 1943 hour 10 30 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h er alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Bilateral Pneumonia

Due to.....

Due to..... 108

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

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?

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

23. Signature Thomas F. Callahan (M. D. or other)  
Address Deputy Coroner Date 11-26-43

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

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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



Licensed Embalmer No. 2243

P. O. Address: 4609th Bridge

**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.**