V. S. No. 2
100M—2-43
Rev. 5-17-39
I K35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43651

State File No. 0

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2976

96
4
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1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 128 W Rose Hill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 128 W. Rose Hill Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Carter Crawford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Yvette Crawford

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct 16 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

10. Usual occupation Vice Pres

11. Industry or business Oyster Shell Pdts Co.,

FATHER
12. Name Howard Crawford
13. Birthplace Unknown (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Anna Lee Ward
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mrs. Yvette Crawford
(b) Address 128 W. Rose Hill Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) JAN 3 - 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1943 hour 10 P M. minute _____ M.

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

Immediate cause of death Carbon monoxide asphyxia while in own car in own garage.

Due to _____

Due to Carbon monoxide asphyxia.

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

Major findings:
Of operations _____
Of autopsy No. 178 B 3

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) Accident.

(b) Date of occurrence Dec. 29, 1943 12.5

(c) Where did injury occur? Kirkwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own garage in own home.
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. S. Meybo Jr. M.D. Dep. Coroner (M. D. or other)
Address Kirkwood, Mo. 12-31-43 Date signed _____

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(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1944

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. 4343

P. O. Address.....

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.