

FILED NOV 15 1944

Primary Registration District No. 1003

Registrar's No. 9491

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.

(c) Name of hospital or institution: St. Lukes Hospital.
(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 Missouri (b) County St. Louis

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

(d) Street No. 7731 Brookline Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES M. 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 Beatrice T. Crawford 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 25 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 4 13 hr. min.

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

10. Usual occupation Retired.

11. Industry or business Dry Goods

12. Name Dugold Crawford.

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

14. Maiden name Jeanie Forsythe

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

16. (a) Informant Beatrice T. Crawford

(b) Address 7731 Brookline Ter.

17. (a) Cremation (b) Date thereof 11-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) NOV 8 1944 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 6, 1944, to Nov 8, 1944, that I last saw him alive on Nov 8, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon

Duration ?

Due to _____

Due to H/O

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

Major findings: Obstructive lesion was in Carcinoma of colon.

Of operation _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. P. Brown (M. D. or other) _____
Address 3903 Olive Date signed 11/8/44

Dr Sidney Brown.
5905 Olive Street.
JE: 5600.
Hrs, 10 - 1.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.