

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4584

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2723 Gamble St.  
(d) Length of stay: 23 years  
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2723 Gamble St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOHN CRAWFORD  
3. (b) If veteran, name war -- 3. (c) Social Security No. --

20. DATE OF DEATH: Month April day 29th year 1947 hour 12 minute 00 midn  
21. I hereby certify that I attended the deceased from 4/15/47 to 4/29/47 that I last saw him alive on 4/29/47 and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sealy Crawford 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 15 1844  
8. AGE: Years 102 Months 5 Days 14

Immediate cause of death: Arteriosclerotic heart disease, chronic bronchitis & senility  
Due to  
Due to  
Other conditions: (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy: clinical

9. Birthplace Macon County Ga.  
10. Usual occupation Retired janitor  
11. Industry or business --  
12. Name Unavailable  
13. Birthplace  
14. Maiden name  
15. Birthplace  
16. (a) Informant Bettie Walker (b) Address 2723 Gamble  
17. (a) Burial (b) Date thereof 5-5-47  
(c) Place: burial or cremation Father Dickson  
18. (a) Signature of funeral director Chas. J. Gates (b) Address 4107 Finney Ave.  
19. (a) MAY 6 1947 (b) Registrar's signature J. F. Buresak

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work  
23. Signature Erskine J. Stinson (M. D. or other) MD Address Cardinal and Lucas Date signed 5/3/47

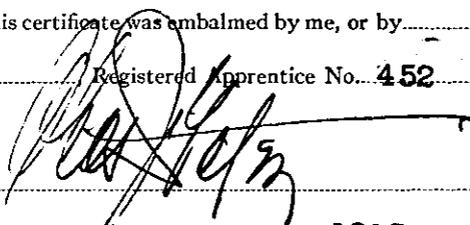
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
John Cunningham  
working under my personal supervision.

Registered Apprentice No. 452

Signed.....

  
Licensed Embalmer No. 1825

P. O. Address 4107 Finney 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.**