S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 42932

Registration District No. 318

Primary Registration District No.

Registrar's No. 11991

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 City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr 3mos 5das
In this community 3years (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. 6708 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 18 (Day) 1906 (Year)

8. AGE: Years 41 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Sardis Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Hugh Crawford
13. Birthplace Sardis Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Annie Walker
15. Birthplace Sardis Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Thelma A Hingler
(b) Address 5400 Arsenal St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Tennessee
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 30 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 28 year 1947 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 23, 1946 to Dec. 28, 1947 that I last saw h 1m alive on Dec 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Arteriosclerosis	1946x.
Generalized Arteriosclerosis	1946x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN
Underline the cause of 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 L. Hollander (M. D. or other) M.D.
Address 5400 Arsenal Date signed 12/29/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

11991

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis, Missouri

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.