

FILED NOV 21 1949

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **39706**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **4335**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Unknown</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bonhomme 2nd</b>	c. LENGTH OF STAY (In this place) <b>unk.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>? ?</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hiway 66 NEAR 141 2</b>		d. STREET ADDRESS (If rural, give location) <b>?</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>GARY</b>	b. (Middle) <b>MILTON</b>	c. (Last) <b>CRAWFORD</b>	(Month) <b>11</b>	(Day) <b>1</b>	(Year) <b>49</b>
5. SEX <b>Male (M)</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>unknown</b>	9. AGE (In years last birthday) <b>? 54</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>COLITA CRAWFORD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>COLITA CRAWFORD</b>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pneumonia</b>		ANTECEDENT CAUSES		<b>unknown</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>cardiac decompensation, due to</b>			
		DUE TO (c) <b>arteriosclerotic heart disease,</b>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>bronchiogenic carcinoma 420.0</b>		<b>4 2 2 2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>body found on shoulder of road.</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>found on side of road</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Highway 66 near Highway 141 Mo. St. Louis</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 1 49</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <b>Arnold J. Willmann</b>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Clayton, Mo.</b>	
23c. DATE SIGNED <b>11/5/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY. <b>Anatomical Board.</b>		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <b>11-7-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Womack</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ROWLAND MORT.</b>	
				ADDRESS <b>4104 MANCHESTER</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.