

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 42854  
Registrar's No. 11577

DECEASED JAN 16 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 11577			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>2221</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>24 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to City Hosp. #1</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS <b>1402 Chouteau Avenue</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>C</b> c. (Last) <b>CRAWFORD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 26 1951</b>						
5. SEX <b>male</b>		6. COLOR OR RACE <b>w</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>		8. DATE OF BIRTH <b>Oct. 29-1875</b>		9. AGE (In years last birthday) <b>76</b> If under 1 year: Months _____ Days _____ If under 1 hr: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clothing Salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>			11. BIRTHPLACE (State or foreign country) <b>Murphysboro, Illinois</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Hugh Crawford</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kimmel</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Crawford</b>				ADDRESS <b>1402 Chouteau</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured Esophagus</b> DUE TO (c) <b>Varix</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of Liver</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5810</b>					
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 <b>11:00 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Walter Perry Deputy Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1/28/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-29-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Murphysboro, Illinois</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>DEC 28 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin</b>		ADDRESS <b>2301 Lafayette Ave</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *H. G. Harris* \_\_\_\_\_

Licensed Embalmer No. *3384* \_\_\_\_\_

P. O. Address *2301 Lafayette* \_\_\_\_\_

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.