

NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37116**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 317 **PRIMARY REG. DIST. NO.** 544 **Registrar's No.** 2809

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirkwood, Missouri</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>10 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>127 East Sarah Street., 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>127 East Sarah Street.,</u>		d. STREET ADDRESS (If rural, give location) <u>127 East Sarah Street., 0</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Ida</u> b. (Middle) _____ c. (Last) <u>Crawford</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>October 31 1952</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan 28 1866</u>
<b>9. AGE</b> (In years last birthday) <u>86</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Bedford, Indiana</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>			
<b>13a. FATHER'S NAME</b> <u>Walter Thomas</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Woolorey</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry Crawford</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Nil</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>F.J. Sallee</u>	
		<b>ADDRESS</b> <u>127 East Sarah St.,</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>	
		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>DUE TO (b)</b> <u>Arteriosclerosis</u>	
		<b>DUE TO (c)</b> <u>Senility</u>	
		<b>15 years</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>33X</u>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>	<b>(COUNTY)</b> <b>(STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Jan 2, 1951</u>, to <u>Oct 31, 1952</u>, that I last saw the deceased alive on <u>Oct 31, 1952</u>, and that death occurred at <u>8:00 P. m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Quentin M. Sainsbury</u>		<b>23b. ADDRESS</b> <u>Kirkwood, Mo</u>	<b>23c. DATE SIGNED</b> <u>11/1/52</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>11-1-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bedford, Indiana</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>11-1-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donke MO</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <u>Albert H. Hoppe, 4700 Washington</u>	

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

4003  
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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

*John J. Harris*

Licensed Embalmer No. *4498*

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.