

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11416

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2813

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2249 | |
| b. CITY OR TOWN ST. LOUIS MO | | c. CITY OR TOWN ST. LOUIS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL-24 | | e. STREET ADDRESS (If rural, give location) 3136 IOWA | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) J. c. (Last) CRAWFORD | | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 11 1953 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH NOV. 29 1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN | 9. AGE (In years last birthday) 74 |
| 11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME ANDREW SUTTER | | 13b. MOTHER'S MAIDEN NAME PHILLIPINA BURKHART | |
| 14. NAME OF HUSBAND OR WIFE SEYMOUR CRAWFORD (DECD) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 489-38-7841 | |
| 17. INFORMANT'S SIGNATURE OR NAME Andrew Buel | | ADDRESS 3136 IOWA | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis. | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No surgery. | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 443x | |
| 22. I hereby certify that I attended the deceased from Feb. 17, 1953, to March 11, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at 10:40 p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE [Signature] | | 23b. ADDRESS 4930 Lindell Blvd. St. Louis, Missouri | |
| 23c. DATE SIGNED 3-13-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE MAR. 14 1953 | 24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM. | 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO |
| DATE REC'D BY LOCAL REG. MAR 1 0 1953 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Pearson | |

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.....
Signature of Student Embalmer

Signed *Leo J. Bullock*
Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.