

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10734

State File No. \_\_\_\_\_

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 616

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Koch, Mo</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>Robert Koch Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>1023 Hickory</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>Earl</b> c. (Last) <b>Crawley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>June 30, 1903</b>		9. AGE (In years last birthday) <b>51</b>
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) <b>mail</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>bank</b>	11. BIRTHPLACE (City and State; Foreign Country) <b>Farmington, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Samuel L. Crawley</b>		13b. MOTHER'S MAIDEN NAME <b>Etta Wallis</b>		14. NAME OF HUSBAND OR WIFE <b>Marion?</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>499 05 1259</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Koch Hospital, Koch, Mo</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary hemorrhage</b> ANTECEDENT CAUSES <b>Pulmonary tuberculosis</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Cirrhosis of the liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>25 min.</b>  <b>?</b>  <b>?</b>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____ <b>002X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **March 8, 1954**, to **March 9, 1954**, that I last saw the deceased alive on **March 9, 1954**, and that death occurred at **7:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Bernard Friedman, M.D.</b>	23b. ADDRESS <b>Robert Koch Hosp., Koch, Mo</b>	23c. DATE SIGNED <b>3-9-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-11-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Herculanium, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3/10/54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Smyke</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 6 1957

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

*James P. Chapman*  
Licensed Embalmer No. 51557  
P. O. Address H. Lane, MD.

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.