

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28251**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7548**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 3205a Lucas	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Crawford c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8 10 56	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 2, 1896	
9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Months 3 Days 8 Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Oak Grove, Miss.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Jack Crawford	
13b. MOTHER'S MAIDEN NAME Ella Grace		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 498-05-4505	
17. INFORMANT'S SIGNATURE OR NAME Annie Mae Harper		ADDRESS 2714 Dickson St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease Antecedent Causes Cardiac Insufficiency DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cerebral Thrombosis due to Cerebral Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism Suspected	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 443x	
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 7-26 , 19 56 , to 8-10 , 19 56 , that I last saw the deceased alive on 8-10 , 19 56 , and that death occurred at 10:55 pm from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Hugh Waters, M.D.		23b. ADDRESS 2601 N. Whittier St.	
23c. DATE SIGNED 8-13-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Aug. 15, 1956		24c. NAME OF CEMETERY OR CREMATORY National	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son	
25. ADDRESS 3133 Bell St.		DATE REC'D BY LOCAL REG. AUG 14 1956	
REGISTRAR'S SIGNATURE J. Carl Smith, D.D.		25. ADDRESS 3133 Bell St.	

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 *Esther N. Harve*.....

Licensed Embalmer No. *445*.....

P. O. Address *4181 Wash*.....

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.