

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010823

STATE FILE NUMBER

2-2414

FILED MAR 20 1959 Registration District No. Primary Registration District No. Registrar's No.

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer Phillips Hosp. D.O.A.</b>		d. STREET ADDRESS (If outside, give location) <b>4854 Cote Brillante</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Rowena Crawford</b>		4. DATE OF DEATH Month Day Year <b>March 6, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>June 9, 1914</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>File Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm &amp; Home Admin.</b>	11. BIRTHPLACE (City and state or country) <b>Athens, Georgia</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Pearl Taylor</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. Crawford, Sr.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT Address <b>Edgar O'Neal 4854 Cote Brillante Ave.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>APPROX 1 HOUR</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension (Malignant)</b>			<b>Several years.</b>
DUE TO (c) <b>Arterio sclerotic heart disease.</b>			<b>Several years.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>445x</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Nov. 10-57</b> to <b>Feb. 25-59</b> and last saw her/him alive on <b>Feb. 25-59</b> . Death occurred at <b>12:30 a.m. March 6-59</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Dr. Thos A. Rimmer</b>		22b. ADDRESS <b>3612 - Enright, St. Louis, Mo.</b>	22c. DATE SIGNED <b>3-6-59.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3/10/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>B. Walker Funeral Home 4202 Finney Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 9 59</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith. M.D.</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57  
38  
A7  
0

20.

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 *Edward A Flynn* .....

Licensed Embalmer No. 4444 .....

P. O. Address 4202 Finney Ave. ....

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.