

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS MAR 7 1960

**60-008081**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 1602**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St Louis</b>		Length of stay in 1b <b>15 years</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D O A - City Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2918 Montgomery</b>	
3. NAME OF DECEASED (Type or print) First <b>King</b> Last <b>Crowford</b>				4. DATE OF DEATH Month <b>2</b> Day <b>9th</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>COLORED</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3 1916</b>	9. AGE (last birthday) <b>43</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>METAL - CO</b>		11. BIRTHPLACE (City and state or country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>Joe Crowford</b>			13b. MOTHER'S MAIDEN NAME <b>Pallie Jewel</b>		14. NAME OF HUSBAND OR WIFE <b>Precilla Crowford</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>?</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT Address <b>Precilla Crowford 2918 Montgomery</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>Traumatic external hemorrhage</b> DUE TO (b) <b>Destruction of right subclavian artery and vein</b> DUE TO (c) <b>Fractured ribs and sternum</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered when</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, item 18.) <b>Wounded by hydraulic press while working at Bierman Iron and Metal Co.</b>				
20c. TIME OF INJURY Hour <b>3:10</b> p.m. Month, Day, Year <b>2 9 60</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>No Factory</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <b>St Louis</b>		COUNTY <b>Mo</b>		STATE	
21. I attended the deceased from <b>4:30 p.m.</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Joseph M. Smith</i>				22b. ADDRESS <b>1300 Clark Ave.</b>		22c. DATE SIGNED <b>2-11-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>2-12-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		23d. LOCATION (City, town, or county) (State) <b>Wubetw Grove Mo</b>		
24. FUNERAL DIRECTOR <b>H. A. Burks</b>		ADDRESS <b>3506 Franklin Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 11 1960</b>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*m y b*

VS AUG 11 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Leroy U. Sannia*

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.