

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020419

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 545 Registrar's No. 1483

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MAPLEWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD 4544
c. FULL NAME OF HOSPITAL OR INSTITUTION 3622 MANHATTAN		Length of stay in 1b 5 YRS	d. STREET ADDRESS (If outside, give location) 3622 MANHATTAN
3. NAME OF DECEASED (Type or print) First ARCHIE Middle T Last CRAWFORD			4. DATE OF DEATH Month 6 Day 1 Year 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-6-1896
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - STEELER		10b. KIND OF BUSINESS OR INDUSTRY TRELOILITE CORP.	11. BIRTHPLACE (City and state or country) CRAWFORD MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WM CRAWFORD	
13b. MOTHER'S MAIDEN NAME CAROLINE - OWENS		14. NAME OF HUSBAND OR WIFE SUSIE - CRAWFORD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-072318	17. INFORMANT Address EARL CRAWFORD - 3622 MANHATTAN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Failure			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) 593 X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ May 28, 1958 _____ June 1, 1958 and last saw her alive on _____ June 1, 1958 Death occurred at _____ 4 P _____ on the date stated above; and to the best of my knowledge, _____ from the causes stated.			
22a. SIGNATURE Vincent J Townsend MD		22b. ADDRESS 3101^a Sutton Ave Maplewood 17	22c. DATE SIGNED 6-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-3-58	23c. NAME OF CEMETERY OR CREMATORY ST. FRANCIS MONDRIAL PK
23d. LOCATION (City, town, or county) BONNE-TERRE		(State) MO	
24. FUNERAL DIRECTOR ADDRESS JAY B SMITH - Maplewood MO		25. DATE RECD. BY LOCAL REG. 6-2-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

with, please, public, vice, 0, 57, 04, An affidavit in Part I must be custody retained.

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 *J. Allen Davis*

Licensed Embalmer No. *4053*

P. O. Address

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.