R 22 1939

REC'D MAY 11 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

16050
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 723
(c) City or Clayton — (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

620

2. PRINT FULL NAME Roy Marion Craig Jr.
(a) Residence, No. 4325 Beck Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1910

7. AGE: Years 29 — Months 2 — Days 23 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesmanager
9. Industry or business in which work was done, as saw mill, bank, etc. Ideal Stair Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. O

FATHER
13. NAME Roy M. Craig Sr. O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis M Mo. O

MOTHER
15. MAIDEN NAME Mary E. King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mable Craig
(ADDRESS) 4325 Beck Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem. DATE 4-24 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED APR 22 1939 1939 — Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile collision. | |
| Collided with an auto-truck while driving an automobile on a public highway. | 4/19/39 |
| Other contributory causes of importance: | |
| Fracture of the skull | 4/19/39 |

Name of operation ..... Date of .....
What test confirmed diagnosis physicial signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/19/39
Where did injury occur? Fenton Fenton, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public highway
Manner of injury Auto-truck collision
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) John J. Powell M. D.
Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE PERFECT, WITH ONLY ONE WRITING, THIS IS A PERMANENT RECORD

X16605

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**