

BUREAU OF THE CENSUS  
JUL 12 1939

Registration District No. 781

Primary Registration District No.

1. PLACE OF DEATH: 1008

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital  
(d) Length of stay: In hospital or institution 10 minutes  
In this community years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3231 Natural Bridge Ave.  
(e) If foreign born, how long in U. S. A. years

3. (a) PRINT FULL NAME Thomas H. Craycraft

3. (b) If veteran, name war  
3. (c) Social Security No. 494-03-4919

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret M. Craycraft 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec. 4 1884 (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name Thomas Craycraft

13. Birthplace Mound City, Illinois (City, town, or county) (State or foreign country)

14. Maiden name Margaret Bradley

15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Margaret Craycraft

(b) Address 3231 Natural Bridge Ave.

17. (a) Burial (b) (Date thereof) Jun. 27, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director J. H. Gebken & Co.  
(b) Address 2630 Gravois Ave.

19. (a) JUN 27 1939 (Date of registration)  
J. B. Bredich (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1939 hour 2:00 minute 20 P. M.

21. I hereby certify that I attended the deceased from... that I last saw him alive on... and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction (Mechanical) Adhesion of Ileum about 2 feet above sigmoid Caecum. Due to...  
Due to...  
Other conditions  
Major findings: Of operations  
Of autopsy: See above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify type of place) (Means of injury)

23. Signature: Alfred J. Perry (M. D. or other)  
Address: Deputy Coroner  
Date signed: 6/27/39

WHILE I LIVE I WILL USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X3511

**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 *Herman A. Gebken*

Licensed Embalmer No. 2120  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

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