

REC'D AUG 11 1939 791

Registration District No. **1003**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since June 27, 1939
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 22
 (d) Street No. 2300a Papin
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Peter Crafton 6/1/39

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex M 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Crafton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: 69 Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Sparta Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Opr.

11. Industry or business Grain

12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Karl Wacker
 (b) Address Sparta Ill

17. (a) Removed (b) Date thereof 7-10
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sparta Ill

18. (a) Signature of funeral director Walter Gunter
 (b) Address Sparta Ill

19. (a) 10 1939 (b) J. F. Brudick
(Date received local registrar) (Signature of registrar)

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1939 hour 2:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 27,
 _____, 1939 to July 7
 _____, 1939
 that I last saw him alive on July 7, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pulmonary tuberculosis
 Duration abt. 2 1/2
YRS.

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations --
 Of autopsy --

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature H. J. Lyman (M. D. or other) _____
 Address 2601 N. Webster Date signed 7-10-39

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.

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 *Howard P. Rowka*

Licensed Embalmer No. *311X*

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.