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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36614

State File No.

DEC 22 1941

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No. 8843

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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County 12

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 025

(d) Street No. 811 O'FALLON, ST (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Cravens

3. (b) If veteran, name War WORLD WAR

3. (c) Social Security No. None

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vera

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 12 (Month) 16 (Day) 1898 (Year)

8. AGE: Years 42 Months 11 Days 20 If less than one day hr. min.

9. Birthplace JACKSON (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business

FATHER 12. Name Ellick Craven.

FATHER 13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name " "

MOTHER 15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Vera Cravens

(b) Address 811 O'fallon.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director Bennie Dove

(b) Address 3103 Washington

19. (a) NOV 7 1941 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th year 1941 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage and general peritonitis following gun-shot wounds of left chest and abdomen inflicted at the hands of a police officer, when the deceased resisted arrest, about 3.45 P.M. Nov.4th, 1941, at 1611-a Rear Franklin Av.

Due to JUST.HOMICIDE.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pending

Duration

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) JUST.HOMICIDE

(b) Date of occurrence 11-4-1941

(c) Where did injury occur? St.Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas H. Collins (M. D. or other)

Address Deputy Coroner Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 M Elvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.