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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25237
State File No. _____
Registrar's No. 1525

Registration District No. 784 Primary Registration District No. 111

96
388
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis
(d) Street No. 7312 South St
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Un-named
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month July day 15 year 1942 hour 1 minute 10 P.M.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7-15-42
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15 at 10:50 AM, 1942 to 7-15-42 at 1:10 P.M. that I last saw h. 184 alive on 7-15-42, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hr. 20 min.
9. Birthplace Pres. State (City, town, or county) (State or foreign country)

Immediate cause of death Prematurity
Due to Premature separation of placenta
Due to _____
Other conditions Pregnancy
(Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____
12. Name William M. Craddock
13. Birthplace St. Louis Mo
14. Maiden name Genevieve Ford
15. Birthplace St. Louis Mo
16. (a) Informant William Craddock
(b) Address 7212 South St
17. (a) _____ (b) Date thereof July 16 1942
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director M. J. Coonan
(b) Address 7146 Manchester
19. (a) JUL 16 1942 (b) C. J. McFarland
(Date received local registrar) (Registrar's signature)

Major findings: Premature separation of placenta
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature Must Hags (M. D. or other) _____
Address 320 Metropolitan Date signed 7-16-42

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

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.....

Licensed Embalmer No.....

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