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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1524

FILED JUL 27 1942  
Registration District No. 784

Primary Registration District No. 111

96  
38  
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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

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

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 (Month) 7 (Day) 15 (Year) 1942

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hr. 20 min.

9. Birthplace Rich. Hts. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William W. Craddock  
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)  
14. Maiden name Genevieve Ford  
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant William Craddock  
(b) Address 7212 South St

17. (a) \_\_\_\_\_ (b) Date thereof July 16 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Camp

18. (a) Signature of funeral director M. J. Keogh  
(b) Address 7146 Manchester

19. (a) JUL 16 1942 (Date received local registrar) (b) C. H. McHarvey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 7212 South St (If rural, give location) 9  
Maplewood (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 15 year 1942 hour 1 minute 10 P. M.  
21. I hereby certify that I attended the deceased from 7-15 (10:50 am) 1942 to 7-15 (1:10 P.M.) 1942 that I last saw him alive on 7-15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Due to Premature separation of placenta  
Due to \_\_\_\_\_  
Other conditions Pregnancy 59  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: Premature separation of placenta  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 0  
23. Signature Thos. N. Voss (M. D. or other) \_\_\_\_\_  
Address 320 Metropolitan Bldg Date signed 7-16-42

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**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.**

11/17