

FILED NOV 6 1942 84

Registration District No. 117

Primary Registration District No. 117

Registrar's No. 2134

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 233 HAZEL AVE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM EUGENE CRAIG SR

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LOUISA W. CRAIG 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 5 1848
(Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Neokus (City, town, or county) IOWA (State or foreign country)

10. Usual occupation Retired

11. Industry or business P.O. Employee

12. Name UNKNOWN

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

14. Maiden name _____

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

16. (a) Informant Wm E. CRAIG JR

(b) Address 233 HAZEL AVE

17. (a) BURIAL (b) Date thereof 10-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director MITTELBERG UNDRES

(b) Address WEBSTER GROVES Mo

19. (a) OCT 13 1942 (b) C. J. McNamee
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 13 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 5th, 1942 to Oct 13, 1942
that I last saw him alive on Oct 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? _____ (City or town) _____ (County) _____ (State)

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

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

23. Signature W. J. Crawford (M. D. or other) _____
Address 111 N. LOCKWOOD Date signed 10/13/42

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

Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.