

FILED DEC 13 1943

State File No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. \_\_\_\_\_

Registrar's No. **10675**

**1003**

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:  
4020 Peck St.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4020 Peck St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4  
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from  
7/24/43, 19\_\_\_\_, to 12/4/43, 19\_\_\_\_;  
that I last saw her alive on 12/3/43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Generalized Carcinomatosis  
Duration  
?  
Due to Carcinoma of the lung (left)  
Duration  
?  
Due to (Primary ?)

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations No  
Of autopsy No

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 \_\_\_\_\_  
23. Signature Dr. A. J. Kotkis (M. D. or other) \_\_\_\_\_  
Date signed 12/4/43  
Address 462 N. Taylor

3. (a) PRINT FULL NAME Rose Jane Craven

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John E. Craven 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 5 1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Ales

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

14. Maiden name Martha Buchanan

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

16. (a) Informant John E. Craven

(b) Address 4020 Peck St.

17. (a) Removal (b) Date thereof 12.6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guards Point Ill.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 5 1943 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

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

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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 Albert A. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

**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.**