

5507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED **MAY 17 1946** **STANDARD CERTIFICATE OF DEATH** **1003**

State File No. **18361**

Registration District No. **313**

Primary Registration District No. _____

Registrar's No. **4295**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
In this community 3.5 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL")
(d) Street No. 409 N. SARAH
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ROBERT CRADER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife LOTTIE 6. (c) Age of husband or wife if alive 60 years
Madhville (Day) (Year)
7. Birth date of deceased Feb. 7 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Teacher

11. Industry or business

12. Name Joseph Crader
13. Birthplace Bollinger County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Clark
15. Birthplace Bollinger County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Crader
(b) Address Farmington Mo.

17. (a) BURIAL (b) Date thereof 5-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dee Run Mo.

18. (a) Signature of funeral director COLEMAN FUNERAL HOME
(b) Address FARMINGTON Mo.

19. (a) MAY 13 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1946 hour 11:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 26 to May 9 1946
that I last saw him alive on May 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Antigenotoxic Heart disease

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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. M. Fitzgerald (M. D. or other)
Address 1515 Lafayette Avenue Date signed 5/10/46

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

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 Rex E. Campbell.....

Licensed Embalmer No. 3881.....

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.