S. No. 2
0M—S-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 42282

FILED JAN 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1149

**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:
Frisco 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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland
(If outside city or town limits, write "RURAL") NRB

(d) Street No. 9631-Holtwood Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Archie Craig

3. (b) If veteran, name war None

3. (c) Social Security No. R.R.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Jeanette I.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. (Month) 15 (Day) 1884 (Year)

8. AGE: Years 62 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Frisco Railroad

FATHER
12. Name John W. Craig
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Emma Harpe
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Jeanette I. Craig
(b) Address 9631-Holtwood Ave-Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) DEC 27 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 24 year 1946 hour 12 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 14, 1946, to Dec. 24, 1946 that I last saw him alive on Dec. 24, 1946, 19..; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Thrombosis | 2 hrs |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

23. Signature James C. Gray (M. D. or other M.D.)
Address 4960 Laclede St. Louis Date signed 12/24

(Licensed Embalmer's Statement on Reverse Side)

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

41092

JAN 13 1947

## 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 Harold F. Brann

Licensed Embalmer No. 4337

P. O. Address Overland Me

**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.**