

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39549**
10354
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME Robert Emmett Craden
3. (b) If veteran, name war W.W.#2
3. (c) Social Security No. 492-22-7013

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive married --- years

7. Birth date of deceased Oct. 19th 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 0 20 hr. min.

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

10. Usual occupation Student

11. Industry or business.....

12. Name Sylvester J. Craden

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

14. Maiden name Launa R. Cunningham

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

16. (a) Informant Mrs. Launa Cunningham-Mother,
(b) Address 3953a St. Louis Avenue,

17. (a) burial (b) Date thereof 11-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Memorial Pk. Cemetery
(d) Signature of funeral director Sullivan Brothers,
(e) Address 2849 North Euclid Avenue,

19. (a) NOV 10 1947 J.F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3953a St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1947 hour 1:52 A.M. minute..... M.

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

Immediate cause of death Fracture of Skull
Subdural Hemorrhage of Brain
when the stepping apparatus
on automobile in which he
was an occupant and being
driven by one Edward
Gorham went out of control
causing it to leave the
highway & strike a tree
Other conditions 40 ft. for
(Include pregnancy within 3 months of death)
Major findings: apothecary
Of operations on Halle Ferry Road
Of autopsy 1:05 A.M. Nov. 9, 1947
Underline which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence Nov 9 1947

(c) Where did injury occur? St. Louis County, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
White at work? No (Specify type of place) (e) Means of injury See Above

23. Signature Patrick E. Taylor
Address 1300 Clark Date signed 10-47

39549

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

Robert L. Brinkman

Licensed Embalmer No.

3563

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.