S. No. 300
v. 10-48
4005

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3290

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 221

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Hts.
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2119
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5435 Itaska St.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): T.
c. (Last): CRAIG

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Dec. 25, 1879
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Perryville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: JOSEPH BOOS ~~Unknown Boos~~
13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ LOUISE HENNEMAN
14. NAME OF HUSBAND OR WIFE: Late William J. Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eva Craig 4535 Lindell Blvd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

CORR. BY REF. MARCH 4, 1950 H.C.S.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis with gangrene of Color & ileum
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 10 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
5702

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 570.2
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11/24, 1940, *to* 1/24, 1950, *that I last saw the deceased alive on* 1/24, 1950, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Blecker M.D.
23b. ADDRESS: 0634 N. Grand
23c. DATE SIGNED: 1/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 27, 1950
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: JAN 26 1950
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 4 1950

No. [illegible]

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William B. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kingshighway

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.

State of Missouri
~~County~~ City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 3290
Local Registrar's No. 221

On this 2nd day of March, 1950, before me appears Eva Craig, who, upon her oath, states that the original record of ~~birth~~ death for Mrs. Mary T. Craig ~~born~~ died Jan. 24, 1950, in the State of Missouri, and which was filed at Clayton on Jan. 26, 1950, should be corrected as follows:

Item No. 13-a should read Joseph Boss
Instead of Unknown

Item No. 13-b should read Louise Henneman
Instead of Unknown

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Eva Craig Relationship Daughter

4535 Lindell
Present Address.

Subscribed and sworn to before me this 2nd day of March, 1950

My Commission expires 3/5/50 Ernest H. Glaeser Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
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