

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6316

State File No. _____

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1380**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **212-9**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Jewish Hospital**

d. STREET ADDRESS (If rural, give location) **5507a Pershing**

3. NAME OF DECEASED
a. (First) **Thomas** b. (Middle) **S.** c. (Last) **Craggs**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 12, 1952

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Oct. 18, 1887**

9. AGE (In years last birthday) **64**
UNDER 1 YEAR Months Days # UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Supply Man**

10b. KIND OF BUSINESS OR INDUSTRY **General Electric**

11. BIRTHPLACE (State or foreign country) **Minerstown, Ohio**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John Craggs**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Emily**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no, or unknown) **Yes**

(If yes, give way or dates of service) **WW I**

16. SOCIAL SECURITY NO. **489-03-1781**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Emily Craggs, 5507a Pershing**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Subdural hematomas**
ANTECEDENT CAUSES **suffered when he fell on the street July 9, 1952. exact place and time unknown**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **place and time unknown**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **see accident**

20. AUTOPSY? YES NO

21a. ACCIDENT SPECIFY **see accident**
SUICIDE
HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Feb 9 52 ? m.**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **E903520**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **130A** m., from the causes and on the date stated above.

22a. SIGNATURE **David E. Taylor Coroner** (Degree or title)

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **2/13/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **2-14-52**

24c. NAME OF CEMETERY OR CREMATORY **Oak Grove**

24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **FEB 13 1952** REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.**

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

J. W. M. R. M. M. M.

Student Embalmer No.....

Licensed Embalmer No. *2053*

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.