No. 300
10.48

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

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29349

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. 7392

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: 2170
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 1 0
d. STREET ADDRESS (If rural, give location): 1636 S THERESA AV.

3. NAME OF DECEASED (Type or Print)
a. (First): AUSTIN
b. (Middle): J.
c. (Last): CRAVENS

4. DATE OF DEATH (Month) (Day) (Year): JULY - 31 - 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE-17-1894
9. AGE (In years last birthday): 58 YRS. 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): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: BELCHER HEALTH
11. BIRTHPLACE (City and State or Foreign Country): CHICAGO ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS R. CRAVENS
13b. MOTHER'S MAIDEN NAME: LOUISE UNKNOWN
14. NAME OF HUSBAND OR WIFE: MILDRED CRAVENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mildred Cravens
ADDRESS: 1636 S. Theresa Av.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic diffuse bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chr. Pass. Congestion. — 3 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None.
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?: 4222

22. I hereby certify that I attended the deceased from July 14, 1952, to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Dr R H Bock
(Degree or title): M.D.
23b. ADDRESS: 1504 Y. Shaw
23c. DATE SIGNED: 8/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: AUG-2-52
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PK. Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG. AUG 1 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schnur
ADDRESS: 3125 Lafayette Av.

S.B. (Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Jos B Dollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.