

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13232

State File No.
Registrar's No. 3183

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3183		
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. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 22 2605 Hickory				
3. NAME OF DECEASED (Type or Print) a. (First) William H. b. (Middle) (EARL) c. (Last) Craig			4. DATE OF DEATH (Month) (Day) (Year) 4 7 55					
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 11-19-1893		
9. AGE (In years last birthday) 61		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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Tupelo Miss		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Not Known			13b. MOTHER'S MAIDEN NAME Not Known			14. NAME OF HUSBAND OR WIFE Dead		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 495-3286396		17. INFORMANT'S SIGNATURE OR NAME Ornie Walker ADDRESS 2605 Hickory St				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Gastro-Intestinal Hemorrhage Bronchopneumonia; Carcinoma of Esophagus? ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH Undt.		
19a. DATE OF OPERATION 4-2-55		19b. MAJOR FINDINGS OF OPERATION Perforation of Stomach, Lesser Curvature adjacent to Gardia				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150X				
22. I hereby certify that I attended the deceased from 3-31 , 19 55 , to 4-7 , 19 55 , that I last saw the deceased alive on 4-7 , 19 55 , and that death occurred at 12:10A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Frank O. Richards, M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 4-7-55		
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		24b. DATE 4-II-55		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barricks, MO		
DATE REC'D BY LOCAL REG. APR 9 1955		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE J. Watson ADDRESS 2769 Chauteau			

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

JAN 3 1944

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.....
Signature of Student Embalmer

Signed.....
S. J. Water

Licensed Embalmer No. 264

P. O. Address 2761 St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.