

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14177**
Registrar's No. **936**

FILED APR 21 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (in this place) 3 Hrs.	c. CITY OR TOWN Cedar Hill
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS Box #1		(If rural, give location) C580	

3. NAME OF DECEASED (Type or Print) ELMER	a. (First)	b. (Middle) J.	c. (Last) CRAIG	4. DATE OF DEATH (Month) (Day) (Year) Apr. 8 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1924	9. AGE (In years last birthday) 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Rainbow Laundry	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Elmer J. Craig	13b. MOTHER'S MAIDEN NAME Mary Bauer	14. NAME OF HUSBAND OR WIFE Dolores V. Craig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes World War 2	16. SOCIAL SECURITY NO. 490-22-7985	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mo Dolores V. Craig-Box #1 Cedar Hill

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injury		INTERVAL BETWEEN ONSET AND DEATH 4 Hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Concussion Continued & Recitation DUE TO (c) Brain Stem Damage		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT (Specify) Accident Highway	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) 20 (STATE) St. Louis County
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-8-55 6:22	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head on collision between two autos.

22. I hereby certify that I attended the deceased from **4-8**, 19**55**, to **4-8**, 19**55**, that I last saw the deceased alive on **4-8**, 19**55**, and that death occurred at **10:55P** m., from the causes and on the date stated above.

23a. SIGNATURE Frank A. Palazzo	(Degree or title) 0	23b. ADDRESS 4161 Lindell	23c. DATE SIGNED 4-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 4-11-55	REGISTRAR'S SIGNATURE Herbert R. Donker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

(Licensed Funeral Director's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *428th Street*

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.