

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43017

State File No. ....

FILED DEC 22 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2861

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>		c. CITY OR TOWN <u>Creve Coeur,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address & location) HOSPITAL OR INSTITUTION <u>Schuetz Road, R.R. 2</u>		e. STREET ADDRESS (If rural, give location) <u>Schuetz Road, R.R. 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HOMER</u> c. (Last) <u>CRAIG.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 8, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1884</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture (part owner)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture (part owner)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John R. Craig.</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie A. Ank.</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie L. Craig.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-05-9258</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sadie L. Craig, Creve Coeur, Mo.</u>
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) <u>Ca Lung</u>  ANTECEDENT CAUSES DUE TO (b) <u>none</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>none</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>163x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
22. I hereby certify that I attended the deceased from <u>1927</u> to <u>12/8/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 8, 1955</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert R. Nonhebel</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>468 Humboldt Bldg</u>
23c. DATE SIGNED <u>12/9/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-9-55</u>		REGISTRAR'S SIGNATURE <u>Robert R. Nonhebel</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton &amp; Sons, 7233 Delmar Blvd.,</u>

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

MAY 22 1956

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.