

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6091

STATE FILE NUMBER 1506

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Overland 4230	
q. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS 9631 Hollywood	
3. NAME OF DECEASED (Type or print) First Middle Last JEANNETTE CRAIG		4. DATE OF DEATH Month Day Year 2 10 57	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/9/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME John H. Dick		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary embolization Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic cardiac decompensation DUE TO (c) arteriosclerotic heart disease		19. INTERVAL BETWEEN ONSET AND DEATH 7 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0	
20c. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/11/57 to 2/10/57 and last saw her alive on 2/10/57 Death occurred at 9:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David M. Hansen, M.D.		22b. ADDRESS Jewish Hosp. St. Louis	
22c. DATE SIGNED 2/12/57		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 2-14-1957		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
23d. LOCATION (City, town, or county) (State) Bagedale Mo.		24. FUNERAL DIRECTOR Adummann Bros. Inc. 7 Oak-Woodman Rd. Overland, Mo.	
25. DATE RECD. BY LOCAL REG. FEB 14 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m. J. B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
-56

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *David C. Gibson*

Licensed Embalmer No. *349*

P. O. Address *Oakland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.