Health, & Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031320
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2197

1. PLACE OF DEATH a. COUNTY: Saint Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Misso uri b. COUNTY: ST. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pagedale — Inside Limits: Yes ☐ No ☒	c. CITY OR TOWN: Pagedale 4291 — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home-6514 Whitney — Length of stay in 1b: YRS.	d. STREET ADDRESS (If outside, give location): 6514 Whitney — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: John	Middle:	Last: Craddock
4. DATE OF DEATH	Month: 8	Day: 20	Year: 58
5. SEX: Male 2	6. COLOR OR RACE: Colored	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 10 - 1 - 1893
9. AGE (In years last birthday): 6 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): Self Employed	10b. KIND OF BUSINESS OR INDUSTRY: Pool Room	11. BIRTHPLACE (City and state or country): Columbus, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: John Craddock		14. MOTHER'S MAIDEN NAME: Eliza Long	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: UNK.	17. INFORMANT Address: Pearl Craddock-6514 Whitney-Pagedale, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UREMIA, Hypert. Heart Disease	2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARONIC PYELONEPHRITIS	2 mos
DUE TO (c)	Hydronephrosis	6 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 601X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour- a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-16-58, to 8-21-58 and last saw him alive on 8-20-58
Death occurred at 10:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Caldwell J. Gaffney, MD	22b. ADDRESS: 2616 N Kingshighway	22c. DATE SIGNED: 8-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug. 25th., 58	23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county): Saint Louis Co.	(State): Missouri	
24. FUNERAL DIRECTOR ADDRESS: Gus Lowe - 2930 Dickson Street	25. DATE RECD. BY LOCAL REG.: 8-22-58	26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy H. Bonnie

Licensed Embalmer No. 45

P. O. Address 4251 Wa

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.