

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5264-62-020702
STATE FILE NUMBER

318 1003
Registration District No. Primary Registration District No.

Registral District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **Affton** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **8907 General Grant Lane** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Silas W. McCracken **5 24 62.**

5. SEX **M** 6. COLOR OF RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9/5/1876** 9. AGE (last birthday) **85** IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Operator** 10b. KIND OF BUSINESS OR INDUSTRY **Grain Elevator** 11. BIRTHPLACE (City and state or country) **Elkton, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **C.C. McCracken** 13b. MOTHER'S MAIDEN NAME **Levina Chrysler** 14. NAME OF HUSBAND OR WIFE **Ollie McCracken**

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. **Unknown** 17. INFORMANT **Veda Douglas, 8907 General Grant Lane** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH **years**
DUE TO (b) _____
DUE TO (c) **334X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **arteriosclerosis obliterans** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 **1949** to **5-24-62** and last saw him alive on **5-23-62**. Death occurred at **2:35** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Melvin B. Kesteven MD** 22b. ADDRESS **St Louis 5, Mo** 22c. DATE SIGNED **5-24-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **5-24-62** 23c. NAME OF CEMETERY OR CREMATORY **Local Cemetery** 23d. LOCATION (City, town, or county) (State) **Flemington, Mo.**

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **MAY 24 1962** 26. REGISTRAR'S SIGNATURE **Neal Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 36513

P. O. Address St Louis 8 Mo

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.