

MISSOURI DIVISION OF HEALTH **ITEM # 25** by aff. of Funeral Director **7-23-62**

62-028552

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7134**

FILED JUL 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 **21/19**
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4 **3**
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. **25** **Williams Funeral Home, 5511 St. Louis - A.L. Beal, 4303 Delmar** **8/6/62**

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. 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 Homer G. Phillips | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3649 Cass |
| 3. NAME OF DECEASED (Type or print) Elizabeth | | First Elizabeth Middle Last Craig | 4. DATE OF DEATH Month 7 Day 18 Year 62 |
| 5. SEX Fem. | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-15-1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 67 |
| 13a. FATHER'S NAME George Craig | | 13b. MOTHER'S MAIDEN NAME Josephine ? | 11. BIRTHPLACE (City and state or country) Vicksburgh, Miss. |
| 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. | 12. CITIZEN OF WHAT COUNTRY USA |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Possible Rupture of Aortic Aneurysm | | 14. NAME OF HUSBAND OR WIFE Widowed | |
| DUE TO (b) _____ | | INTERVAL BETWEEN ONSET AND DEATH Unknown | |
| DUE TO (c) _____ 022X | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 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 7-8-62 to 7-18-62 and last saw her 106 alive on 7-18-62 | | | |
| Death occurred at 5:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | 22b. ADDRESS 2601 N. Whittier | 22c. DATE SIGNED 7-19-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 7-25-62 | 23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem. | 23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri |
| 24. FUNERAL DIRECTOR Williams Funeral Home 5511 St. Louis A. L. Beal, Inc. Co. 4303 Delmar | | 25. DATE RECD. BY LOCAL REG. AUG 20 1962 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> 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 Arthur L. Hollis

Licensed Embalmer No. 4221

P. O. Address 3100 Canton Ave

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.

THIS STATEMENT MUST BE SIGNED BY THE LICENSED EMBALMER IN HIS OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).