

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 11 1939

791
1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hours
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME George W. Craft 613
 8. (b) If veteran, name war No
 8. (c) Social Security No. 710

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife Myra Craft
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3 4 1855
 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 3
 If less than one day hr. _____ min. _____

9. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
Salesman

10. Usual occupation Sewing Machines

11. Industry or business _____
 12. Name George Craft
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ralph W. Craft
 (b) Address 4037 Easton, St. Louis
 17. (a) Cremation (b) Date thereof 7-10-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Truth Center Mortuary
 (b) Address 4024 Lindell Blvd.
 19. (a) 8 1939 (b) J. P. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4037 Easton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 3 Year 1939
 hour 12:00 P.M. minute 11 M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage due to fracture of the skull and pelvic fracture
 Duration _____
 Due to of bladder rupture as a result of being struck by a car
 Due to struck by a car
 Other conditions pregnancy within 3 months of death
 (Include pregnancy within 3 months of death)
 Major findings: at about 4:30 P.M. July 6-1939
 Of operation _____
 Of autopsy accident
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 7/6/39
 (c) Where did injury occur? St. Louis
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, or public place?
 (Specify type of place) _____
 (e) Means of injury auto
 28. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed 7/31

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Athenis, W.*

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 this body is not embalmed, above space should be left blank.