DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

Registration District No. 791 1003

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24411

Primary Registration District No.

Registrar's No. 6684

**1. PLACE OF DEATH:**

(a) County 3

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community entire life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri 1 (b) County 3

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2834 Knox /Ct.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roy M. Craig 620

3. (b) If veteran, name war No

3. (c) Social Security No. 702-07-0003

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Craig

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased January (Month) 3rd (Day) 1886 (Year)

8. AGE: Years 53 Months 6 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation R.R. Clerk 0

11. Industry or business 0

FATHER
12. Name William Craig
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Othelia Neudeck
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mary E. Craig
(b) Address 2834 Knox Ct.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-39 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUL 31 1939 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 31st year 1939 hour Found Dead 5 minute 07 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging by rope around his neck attached to joice in Garage in rear of his home 2834 Knox Court July 31, 1939 time unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

165

Duration

PHYSICIAN

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) Suicide
(b) Date of occurrence July 31 1939
(c) Where did injury occur? St Louis (City or town) No (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Hanging

23. Signature Alfred J Kerry (M. D. or other)
Address Deputy Coroner Date signed 7/31/39

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

## 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 Edwin N. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

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