DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12811

Registration District No. 791 MAY 15 1940

Primary Registration District No. 1003

Registrar's No. 3013

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Stone Nursing Home -5861 Cates Avenue.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5861 Cates Avenue.
(If rural, give location)

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

3. (a) PRINT FULL NAME Emmett A. Craddock 632

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Craddock

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

7. Birth date of deceased August 20, 1850
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	7	8	hr. min.

9. Birthplace Christiansburg (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Printing salesman

11. Industry or business

FATHER
12. Name Edward Craddock
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Lucy Simms
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature Leonard F. Fuelaw
(b) Address 6947 Pershing

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington.

19. (a) APR 1 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1940 hour 9 30 minute Am M.

21. I hereby certify that I attended the deceased from May, 1936, to Death, 19 ;
that I last saw h alive on March 27, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Senile - arteriosclerotic conditions	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Charles N. Dieden (M. D. or other)
Address 3720 Washington Blvd Date signed 3.30.40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I 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. Philip M. Lessig

Licensed Embalmer No. 3281

P. O. Address 4463 Washington.

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD. 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.

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In this community (Specify whether years, months or days)

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(c) City or town Saint Louis 5 (If outside city or town limits, write "RURAL")

(d) Street No. 5861 Cates Avenue. (If rural, give location)

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

3. (a) PRINT FULL NAME Emmett A. Craddock 632

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife XXXXXXXXXXXXXXXXXXXXMamie Hurst Craddock

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

7. Birth date of deceased August 20, 1850 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	7	8	hr. min.

9. Birthplace Christiansburg (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Printing salesman

11. Industry or business

FATHER

12. Name XXXXXXX XXXXXXXXEmmet Archer Craddock

13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER

14. Maiden name Lucy Simms

15. Birthplace (City, town, or county) Virginia (State or foreign country)

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(b) Address 6947 Pershing

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that I last saw him alive on March 27, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death General Senile - Arteriosclerotic conditions | Duration

Due to

Mamie Hurst Craddock
Items # 6b should read XXXXXXXXXXXXXXXXXXXX
Items # 12 should read Emmet Archer Craddock

Due to

Corrected by Informant. 12-15-66

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically

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While at work? (e) Means of injury

23. Signature Charles R. Dugan (M. D. or other)

Address 3720 Washington Blvd Date signed 3.30.40

(Licensed Embalmer's Statement on Reverse Side)