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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26959

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 16751

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

1. PLACE OF DEATH:

(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: EnRoute No City Hospital No 1
(If not in hospital or institution, write street number or location)

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

In this community 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3700 S. Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HENRY CRAIG

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-7811

4. Sex Male 0

5. Color or race White

6. (a) Single, married, widowed, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 9th, 1905 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	2	7	hr. min.

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

10. Usual occupation truck driver

11. Industry or business

FATHER
12. Name Lee Craig
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl Norton
15. Birthplace Florida (City, town, or county) (State or foreign country)

16. (a) Informant Robert Mitchell
(b) Address 3700 S. Broadway

17. (a) Burial Paris Tenn (Burial, cremation, or removal) (b) Date thereof 8/21/1941 (Month) (Day) (Year)
(c) Place: burial or cremation PARIS TENN.

18. (a) Signature of funeral director Hooks Lutts & Son
(b) Address 2906 Gravois Ave.

19. (a) AUG 19 1941 (Date received local registrar) (b) J. H. Budesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1941 hour 6 15 A.M. minute 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 External hemorrhage from bullet wound of the hands of one Warren A. Johnson in self defense when deceased resisted through the window of his car with evidence [illegible] of being [illegible] at Vandeventer and Clayton Ave. Duration

Due to

Due to

Other conditions about 6:05 O'Clock AM
(Include pregnancy within 3 months of death)

Aug 18 1941

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) Homicide
(b) Date of occurrence Aug 18 1941
(c) Where did injury occur? Jolt Lane (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Gun Shot

23. Signature [illegible] (M. D. or other) M.D.
Address [illegible] Date signed 8/19/41

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

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

If this body is not embalmed, fact should be so stated above.