

FILLED NOV 27 1941

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8666

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town _____
 (c) Name of hospital or institution:
1324 North 10th Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days About 4 years

3. (a) PRINT FULL NAME Harry Craddock
 8. (b) If veteran, name war No. _____ 8. (c) Social Security NNO

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Not Known
 (Month) (Day) (Year)

8. AGE: Years About 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Not Known

12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Not Known

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

16. (a) Informant's own signature Rose Craddock
 (b) Address 1324 North 10th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1st 1941
 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.
 (b) Address 2726 Lucas Ave.

19. (a) OCT 31 1941 (Date received local registrar) (b) J. F. Brudette (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County 000
St. Louis, Mo.
 (c) City or town _____ (If outside city or town limits, write "RURAL")
1324 North 10th St
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 29
 year 1941 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Oct 15, 1941, to Oct 29, 1941;
 that I last saw him alive on Oct 29, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
acute myocarditis
 Due to Chronic Myocarditis
 Due to _____
 Other conditions 930
 (include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations 930
 Of autopsy _____

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 0

23. Signature Sm... (M. D. or other) _____
 Address 823 N. 16 St Date signed 10/21/41

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.

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 Arthur L. Hilliard

Licensed Embalmer No. 4331

P. O. Address 2649 Delmar

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.