

No. 2  
4-41  
17-39  
X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42886

FILED JAN 20 1942  
Registration District No. 101

Primary Registration District No. 101

Registrar's No. 37

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether

In this community 12 years, months or days  
years, months or days)

3. (a) PRINT FULL NAME Charles Craft

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race white

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

6. (c) Age of husband or wife if alive 18 years (Day) 1870 (Year)

7. Birth date of deceased July (Month) 18 (Day) 1870 (Year)

8. AGE: Years 71 Months 5 Days 18

If less than one day        hr.        min.

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

10. Usual occupation nil.

11. Industry or business       

MOTHER FATHER { 12. Name T. J. Craft

{ 13. Birthplace Unknown 9 Unknown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lucy Wade

{ 15. Birthplace Unknown 1 Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Clancy

(b) Address 4889 Audubon Ave

17. (a)        (b) Date thereof Jan 7 1942  
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Galway Cem.

18. (a) Signature of funeral director Ed. 1942

(b) Address No 17 N. Klanton

19. (a) JAN 5 - 1942 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")

(d) Street No. 22 Inez Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country       

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1942 hour 3 minute :05 A.M.

21. I hereby certify that I attended the deceased from 12-24-41 to 1-5-42

that I last saw him alive on 1-5-42 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia / left lower lobe

Lobar pneumonia / right lower lobe

Duration 2 wks

Due to       

Due to       

Other conditions Syphilis  
(Include pregnancy within 3 months of death)

Years       

Major findings: Of operations       

Of autopsy Consolidation both lower

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?       

While at work?        (Specify type of place) (e) Means of injury       

23. Signature [Signature] (M. D. or other) GMD

Address St. Louis County Hospital Date signed 1-5-42

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

**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.....

Licensed Embalmer No. 1391

P. O. Address 4106<sup>th</sup> B. Ave

**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, fact should be so stated above.**