

FILED NOV 6 1942 318

Primary Registration District No. 1003

State File No. 9094
Registrar's No.

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:
5236a Bancroft Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 5236a Bancroft Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ollie B. Cratty

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 489-09-3259

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta Cratty 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Dec. 7th 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 10 23 _____ hr. _____ min.

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

10. Usual occupation Accountant retired 2yrs

11. Industry or business Shell Petroleum Co.

MOTHER FATHER { 12. Name Cyrus Cratty
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Maude Henderson
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Cratty

(b) Address 5236a Bancroft Ave.

17. (a) Burial (b) Date thereof 10-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 21 1942 (b) J. P. Budzek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th
year 1942 hour 11:15 minute _____ P.M. M.

21. I hereby certify that I attended the deceased from July, 1942 to Oct 30, 1942
that I last saw him alive on Oct 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
of chronic

Due to pulmonary fibrosis

Due to Gas 1st world war & following
influenza about year
before death

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

Major findings:
Of operations 93A
Of autopsy 2288
6127

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 Paul V. Gardner
Address 3718A Olive - St. Louis Mo Date signed 10-31-42

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

10

10-3

Da 265P

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 D. McPherson*

Licensed Embalmer No. *3024*

P. O. Address.....

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.