

No. 2  
-5-43  
-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16267

FILED JUN 1 1944 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 4761

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(d) Length of stay: In hospital or institution 2 months  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Affton  
(d) Street No. 9324 Tesson Ferry Road.  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Otis L. Craver

3. (b) If veteran, name war no 3. (c) Social Security No. 498-14-9423

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Llewellyn Craver 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 6 1911 (Month) (Day) (Year)

8. AGE: Years 32 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Inspector

11. Industry or business Electrical work

12. Name Asa E. Craver

13. Birthplace not known 9 (City, town, or county) (State or foreign country)

14. Maiden name IVA Beauchamp 9

15. Birthplace not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Llewellyn Craver

(b) Address 9324 Tesson Ferry Rd.

17. (a) burial (b) Date thereof 5/24/1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAY 22 1944 J. J. Medical (Date received local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1944 hour 9:20 minute A M.

21. I hereby certify that I attended the deceased from July 28 1943 to May 21 1944 that I last saw him alive on May 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of rectum Duration 16 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Adenocarcinoma of rectum

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) (a) Means of injury

23. Signature John L. Hainer (M. D. or other) M.D.

Address 114 N. Taylor Date signed 5-23-44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Embalmer separate Cert. filed*

MAY 23 1944

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.....

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.**