

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:
Home 1009 aNo Garrisonave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 years
years, months or days

3. (a) PRINT FULL NAME Julia Craig
(b) If veteran, name war None
(c) Social Security No. None

4. Sex F 5. Color or race Col
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 Dec 20 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Miss /

10. Usual occupation nil

11. Industry or business _____

12. Name Hamp Jennings

13. Birthplace _____
(City, town, or county) (State or foreign country) Miss /

14. Maiden name Unknown

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

16. (a) Informant Marrison Walters

(b) Address 1009 aNo Garrisonave

17. (a) Burial (b) Date thereof 1-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J W Sligher

(b) Address 2620 Lawton blvd

19. (a) Jan 4 1947 (b) J. F. M... ..
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 247
(d) Street No. 1009 and Garrison ave
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15, year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from December 18 to January 15, 1947;
that I last saw him alive on January 15, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Endocarditis + Nephritis 2 yrs
Endocarditis and Nephritis 2 yrs
Due to Rheumatism 2 yrs. 6 mos

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

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) _____
(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 _____
Signature R. Jones (M. D. or other) 0
Address 2330 Franklin Ave Date signed 1-15-47

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 *Charles J. Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

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.