No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42930

FILED JAN 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11319

WRITE PLAINLY—USING 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: Homer G. Phillips O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County odd

(c) City or town ST. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1935A Franklin Ave. 9
(If rural, give location)

21

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Patricia Craig

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased February (Month) 5 (Day) 1946 (Year)

8. AGE: Years 1 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Charles A. Craig 1
13. Birthplace Chicago (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Thelma Lee
15. Birthplace Bell City (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Thelma Craig
(b) Address 1935A Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) DEC 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1947 hour 1 minute 40 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Tuberculosis of

Due to Heart

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 12/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Fulton E Culkin

Licensed Embalmer No. 4196

P. O. Address St Louis 13 Mo

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.