No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2804

State File No. .....

Registration District No. 318 ..... Primary Registration District No. 1003 ..... Registrar's No. 8

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: Mo. Baptist Hospital
(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 Missouri (b) County 0-00

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

(d) Street No. 5854 Roosevelt Pl. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 6 0

If yes, name country .....

3. (a) PRINT FULL NAME Thomas H. Mc Crary

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Mc Crary 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September (Month) 14, (Day) 1889 (Year)

8. AGE: Years 58 Months 3 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Pinkneyville, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Mechanical Engineer

11. Industry or business National Lead Co.

FATHER
12. Name James A. Mc Crary
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Craig
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Mattie Mc Crary
(b) Address 5854 Roosevelt Pl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JAN 2 1948 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st year 1948 hour 11:40 minute P M.

21. I hereby certify that I attended the deceased from Dec. 15, 1947 ..... 19..... to Jan 1, 1948 that I last saw him alive on Jan 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephrosclerosis, arteriolar malignant	?
Due to Hypertension, Malig.	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 0

23. Signature J. Chakada (M. D. or other)

Address Humboldt Bldg Date signed 1/2/48

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

505 Humboldt Bldg.

AUG 5 1949

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.....Albert R. Thompson Jr.

Licensed Embalmer No.....4237

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.