

FILED AUG 13 1948
Registration District No. 307

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Vigus
(c) Name of hospital or institution: Vigus
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10-Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Vigus
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter J. Craig
3. (b) If veteran, name war No
3. (c) Social Security No. 490-14-5695

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Irma F.
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Dec. 23 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 6 28 hr. min.

9. Birthplace Beardon Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Chemical Construction Corp.

12. Name William C. Craig
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Irma F. Craig
(b) Address Vigus, Mo. Gen. Del.

17. (a) Burial (b) Date thereof 7-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery
18. (a) Signature of funeral director Chasman Prof. Diehl
(b) Address 2504-Woodson Rd - Overland - 11 - Mo.

19. (a) 7-23-48 (b) Occasional
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 1 minute 05 P. M.
21. I hereby certify that I attended the deceased from July 19
1948 to July - 21 1948
that I last saw him alive on July 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration ?

Due to 93 E
Due to _____

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) _____
23. Signature A. H. Taylor (M. D. or other) MD
Address 200 W. Main St. St. Charles Date signed 7/23/48

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

MOTHER FATHER

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address. Overland 14 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.