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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27981

FILED SEP 13 1948

Registration District No. 13948

Primary Registration District No. 1005

Registrar's No. 7817

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. (Specify whether

In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5400 Arsenal 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FLORA MC-CRACKEN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles McCracken

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

7. Birth date of deceased November 19 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	9	24	hr. min.

9. Birthplace Concord Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Euclid Bonham
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Stiles
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant F. H. Symons
(b) Address 7153 Garesche

17. (a) Burial (b) Date thereof 9-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & sSons
(b) Address 3934 N. 20th St.

19. (a) SEP 6 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1948 hour 11.40 minute P M.

21. I hereby certify that I attended the deceased from Dec. 8, 1947 to Sept 3, 1948;
that I last saw her alive on Sept. 3, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerotic Heart Disease	1947x
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 Jack R Eidelman (M. D. ~~or other~~)

Address 5400 Arsenal St Date signed 9/4/48

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

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

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 me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed R. G. Smithers

Licensed Embalmer No. 3716

P. O. Address 110 E Grand

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.