

FILED APR 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. **10310**
Registrar's No. **3233**

318

1003

3233

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 4 years		c. CITY (If outside corporate limits, write RURAL and give town) St. Louis		d. STREET ADDRESS (If rural, give location) 2231a Benton Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2231a Benton Street				d. STREET ADDRESS (If rural, give location) 2231a Benton Street			
3. NAME OF DECEASED (Type or Print) a. (First) ERNST		b. (Middle) (JACK)		c. (Last) CRAFT		4. DATE OF DEATH (Month) (Day) (Year) April 6, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 30, 1888	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch, Inc.		11. BIRTHPLACE (State or foreign country) Bowling Green, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nathaniel Craft		13b. MOTHER'S MAIDEN NAME Lamburth		14. NAME OF HUSBAND OR WIFE Margaret Craft			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 323-07-0935		17. INFORMANT'S SIGNATURE OR NAME Margaret Craft ADDRESS 2231a Benton St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Asthma & Cardiac ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ H-201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from March 7, 1947 to 4-6, 1950 , that I last saw the deceased alive on April 5, 1950 and that death occurred at 5:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. A. Stock (Degree or title) _____				23b. ADDRESS 2117 E. Grand Blvd.		23c. DATE SIGNED 4-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 6 1950		REGISTRAR'S SIGNATURE J. B. Lander		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock ADDRESS 2117 E. Grand Blvd.			

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

Dr. Hermann
2739 N Grand

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 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.