No. 300
10.48

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

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14445

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3919

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
d. STREET ADDRESS (If rural, give location): Carty Street

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3. NAME OF DECEASED (Type or Print)
a. (First): Ludie
b. (Middle): Evelyn
c. (Last): Craig

4. DATE OF DEATH (Month) (Day) (Year): 4-29-50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: November 2, 1903
9. AGE (In years last birthday): 46 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Crawford, County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Sanders
13b. MOTHER'S MAIDEN NAME: Anna Chumley
14. NAME OF HUSBAND OR WIFE: Vorris Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mo. Thelma Stoll 5009 Miami, St. Louis

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis following Cancer of Breast — Interval between onset and death: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/14/49
19b. MAJOR FINDINGS OF OPERATION: Biopsy of Breast — Cancer
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 170K
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 11, 1949, *to* April 29, 1950, *that I last saw the deceased alive on* April 29, 1950, *and that death occurred at* 10:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Morris Herman M.D. (Degree or title)
23b. ADDRESS: 3701 Grandel Square
23c. DATE SIGNED: 4-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-29-50
24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery
24d. LOCATION (City, town, or county) (State): Salem, Missouri

DATE REC'D BY LOCAL REG.: APR 30 1950
REGISTRAR'S SIGNATURE: J. B. Basater
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Albert H. Hoppe 4700 Washington

(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~~ Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elton R H Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.