

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

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State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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 township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis <i>2207</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2513 Howard Street		d. STREET ADDRESS (If rural, give location) 2513 Howard Street	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) FREDRICK c. (Last) CRAVATT			4. DATE OF DEATH (Month) (Day) (Year) January 27, 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D 3	8. DATE OF BIRTH Feb. 18, 1882		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months 11 Days 11 IF UNDER 11 HRS: Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Fredericktown, Missouri	
13a. FATHER'S NAME Wm. Cravatt			13b. MOTHER'S MAIDEN NAME Sarah Osborne		14. NAME OF HUSBAND OR WIFE Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leota Ford 4950 Lindell Blvd	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) Cerebral Occlusion			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arterio sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 201	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE Patrick C Taylor (Degree or title) Colonel		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-30-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope	
DATE REC'D BY LOCAL REG. JAN 29 1951		REGISTRAR'S SIGNATURE J. B. Santos		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2301 Lafayette Avenue.	

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

coroner

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. J. Parris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

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.