

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1951

State File No. 5980

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008 Registrar's No. 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>22nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>1723 Singleton St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>24</u> <u>1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-24-1921</u>	9. AGE (In years last birthday) Months Days <u>29</u>	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rawlston Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Conley</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Conley</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Craig</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Craig</u>	ADDRESS <u>1723 Singleton St.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>11:15 pm</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of heart</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>July 24 1951</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) <u>He suffered when shot with gun</u> <u>near the hands of one, Marie Fields (col) in front of 1725 Singleton Ave around</u></u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 24 51 11:15 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E981X</u>
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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 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. Taylor</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>1300 Chest</u>	23c. DATE SIGNED <u>2.28.51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>FEB 28 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Larson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GUSTAWKE</u>	ADDRESS <u>2930 Dickson St</u>
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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.....

William G. Lowe

working under my personal supervision.

Student Embalmer No.....*399*.....

Signed.....*William G. Lowe*.....
Student Embalmer

Signed.....*Leroy W. Sannister*.....

Licensed Embalmer No.....*4523*.....

P. O. Address.....*3880 Epston Ave*.....

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.