

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JUN. 9 1951

318

1003

State File No. 12955

Registrar's No. 4446

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>1 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		453X
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Baptist Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>9444 Midland</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>C</u>		c. (Last) <u>Craft</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 20 1869</u>		9. AGE (In years last birthday) <u>82</u> if UNDER 1 YEAR Months <u>3</u> Days <u>19</u> if UNDER 2 HRS. Hours <u>15</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road Equipment</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles C Craft</u>		13b. MOTHER'S MAIDEN NAME <u>Gannon</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary A Craft</u>		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>Joseph Craft</u>		ADDRESS <u>Overland Mo</u>			
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) <u>Carcinoma of Prostate</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized metastasis</u>					<u>1 1/2 mo</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>	
22. I hereby certify that I attended the deceased from <u>Mar 19, 1951</u> , to <u>May 9, 1951</u> , that I last saw the deceased alive on <u>May 9, 1951</u> , and that death occurred at <u>8:05 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. G. Ruel</u>		(Degree or title) _____		23b. ADDRESS <u>8924 St. Charles Rd. St. Louis 14 Mo</u>	
23c. DATE SIGNED <u>5/10/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand</u>		24d. LOCATION (City, town, or county) (State) <u>Florissant Mo</u>		DATE REC'D BY LOCAL REG. <u>MAY 11 1951</u>	
REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home 9222 Lackland Overland</u>			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Al C Ostmann

Signed.....  
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.