

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7805

FILED MAR 28 1952

BIRTH NO. 55907 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 78

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2159</u>	
c. LENGTH OF STAY (In this place) <u>TWO DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>4653 Michigan Ave</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>CHAS. E. Still Osteo. Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>KAY</u> c. (Last) <u>CRAIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Aug 18 1951</u>		9. AGE (In years last birthday) <u>7</u> <u>7</u> <u>7</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Richard CRAIG</u>		13b. MOTHER'S M maiden NAME <u>Agnes Boy</u>		14. NAME OF HUSBAND OR WIFE	
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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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard Craig St Louis Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral lobar pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>non-specific gastro-enteritis</u>			
		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 <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>490x</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from March 20, 1952, to March 25, 1952, that I last saw the deceased alive on March 25, 1952, and that death occurred at 8:19 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Capitola Marshall</u> (Degree or title)		23b. ADDRESS <u>St. Louis Mo</u>		23c. DATE SIGNED <u>3/21/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 28 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
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DATE REC'D BY LOCAL REG. <u>March 25 52</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD - MR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buecher Jefferson City Mo</u>	
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**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.....

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.