No. 300
10.48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11461

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 398

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MANCHESTER
c. LENGTH OF STAY (In this place) 5 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MANCHESTER, NURSING. HM.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRENTWOOD 4511
d. STREET ADDRESS (If rural, give location) 2437 ANNALEE

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) c. (Last) McCRADY

4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 52

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 3-31-1870

9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 10 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-REAL ESTATE

10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE

11. BIRTHPLACE (State or foreign country) KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME BENJAMIN-McCRADY

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE MATILDA-McCRADY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ROY-McCRADY-2437 ANNALEE ADDRESS

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) Chr. myocarditis

ANTECEDENT CAUSES

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

DUE TO (b) Gen'l arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH

4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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* Jan, 1950, *to* Feb 12, 1952, *that I last saw the deceased alive on* Feb 14, 1952, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE C. H. Denny MD (Degree or title)

23b. ADDRESS Creve Coeur Mo

23c. DATE SIGNED 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2-15-51

24c. NAME OF CEMETERY OR CREMATORY VALHALLA-CEMETERY

24d. LOCATION (City, town, or county) ST. LOUIS-COUNTY- (State) MO.

DATE REC'D BY LOCAL REG. 2-13-52

REGISTRAR'S SIGNATURE Herbert P. Damka MD

25. FUNERAL DIRECTOR'S SIGNATURE JAY-B. SMITH-7456 MANCHESTER. ADDRESS MAPLEWOOD. MO

(Licensed Embalmer's Statement on Reverse Side)

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

APR 4 1963

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.