

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 44775
Registrar's No. 11904

FILED JAN 26 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <u>44775</u>		Registrar's No. <u>11904</u>			
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) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			119		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3752 Cozen</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) _____			c. (Last) <u>Craig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-26- 1886</u>		9. AGE (In years last birthday) <u>66</u>		# UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	# UNDER 24 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>...</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesboro Tenn.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Jerry Craig</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Kimble</u>			14. NAME OF HUSBAND OR WIFE <u>Not known</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>World #1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S. Thos Williams</u>		ADDRESS <u>3752, Couzens Ave</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Malnutrition and Dehydration</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Arteriolar Nephrosclerosis</u>											
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 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>446X</u>						
22. I hereby certify that I attended the deceased from <u>12-15</u> , 19 <u>52</u> , to <u>12-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-21</u> , 19 <u>52</u> , and that death occurred at <u>7:20p</u> m., from the causes and on the date stated above.											
23. SIGNATURE (Degree or title) <u>Edward B Williams, M.D.</u>					23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>12-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem. Jefferson</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>DEC 26 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Houston</u>			ADDRESS <u>2616, No. Garrison Ave</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leroy D. Bannister

Licensed Embalmer No. *45-23*

P. O. Address *3880 Easton 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.