

STANDARD CERTIFICATE OF DEATH

State File No. **12793**

No. 300
10-48

FILED APR 11 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 915

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ballwin St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballwin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballwin 4740</u> | |
| c. LENGTH OF STAY (In this place) <u>6 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Pine Crest Home</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Homes</u> | | | |

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|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Marie</u> c. (Last) <u>Craig</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 26-53</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Mar. 5, 1886</u> | | 9. AGE (In years last birthday) <u>67</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jesse O. Craig</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph O. Craig, Ferguson, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</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 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u> | | | |

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|---|--|--|--|--|--|
| 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) <u>4221</u> | |
| 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? _____ | |

22. I hereby certify that I attended the deceased from Jan 3, 1953, to Mar. 26, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 2:15 a. m., from the causes and on the date stated above.

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|--|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>B.R. Loving M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Ballwin, Mo</u> | | 23c. DATE SIGNED <u>3-26-53</u> | |
|--|--|---------------------------------|--|---------------------------------|--|

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|--|--|--------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3/28/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-27-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Danks-McD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eless Province

Licensed Embalmer No. 3403

P. O. Address Jennings, 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.