

FILED JUL 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23438

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1738

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri. b. COUNTY St. Louis													
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bellefontaine Neibs,		c. LENGTH OF STAY (in this place) 13/4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine Neighbors.		4025											
d. FULL NAME OF HOSPITAL OR INSTITUTION 10151 Jepson Drive				d. STREET ADDRESS (If rural, give location) 10151 Jepson Dr.													
3. NAME OF DECEASED (Type or Print) a. (First) MARTIN			b. (Middle) F.		c. (Last) CRAFFEY		4. DATE OF DEATH (Month) (Day) (Year) June 22, 1953										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 5, 1882		9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MRS. Hours		IF UNDER 1 MRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sprinkler Fitter				10b. KIND OF BUSINESS OR INDUSTRY Sprinkler Fitter				11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Thomas Craffey				13b. MOTHER'S MAIDEN NAME Julia Feehan				14. NAME OF HUSBAND OR WIFE Frances A. Craffey									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none				16. SOCIAL SECURITY NO. 492-10-1254				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances A. Craffey 10151 Jepson Dr.									
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema								INTERVAL BETWEEN ONSET AND DEATH 12 yrs.					
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) _____		241X									
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 Feb. 18, 1953 , to June 22, 1953 , that I last saw the deceased alive on June 21, 1953 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) Norman A. Jones, M.D.						23b. ADDRESS 9903 Diamond Dr. (15)				23c. DATE SIGNED 6-22-53							
24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial		24b. DATE 6/25/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri									
DATE REC'D BY LOCAL REG. 6-23-53				REGISTRAR'S SIGNATURE Herbert R. Donohue, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 5541 Riverview									

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1954

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 *Bert Hoffmann*

Licensed Embalmer No. *4366*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.