

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37112

FILED OCT 30 1953

State File No.

318

1003

Registrar's No. 10025

BIRTH NO. _____			REG. DIST. NO. 318			PRIMARY REG. DIST. NO. _____			Registrar's No. 10025				
1. PLACE OF DEATH a. COUNTY _____						2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital						e. STREET ADDRESS (If rural, give location) 2611 N. Taylor							
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Henry			c. (Last) Craven			4. DATE OF DEATH (Month) (Day) (Year) 10 13 53				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ?		8. DATE OF BIRTH About 1873		9. AGE (In years last birthday) ad. 80		IF UNDER 1 YEAR: MONTHS _____ DAYS _____		IF UNDER 14 HRS. _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) Missouri ?			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME ?				13b. MOTHER'S MAIDEN NAME ?				14. NAME OF HUSBAND OR WIFE ?					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Julia E. Mosley, Medical Director's Office</i>							
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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach; Broncho-pneumonia;						Atrophic Cystic Kidney						Undt.	
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.							
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION ??						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? 151X							
22. I hereby certify that I attended the deceased from 10-11 , 19 53 , to 10-13 , 19 53 , that I last saw the deceased alive on 10-13 , 19 53 , and that death occurred at 11:10A m. , from the causes and on the date stated above.													
23a. SIGNATURE <i>E. B. Williams</i> (Degree or title) M. D.						23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 10-20-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) _____			24b. DATE 10-31-53			24c. NAME OF CEMETERY OR CREMATORY Anatomical Board			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. OCT 21 1953			REGISTRAR'S SIGNATURE <i>J. C. Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service			ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.				

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

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