

No. 300
10-48

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24723**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **1493**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. CITY OR TOWN Jennings	
c. LENGTH OF STAY (in this place) 2 1/2 yrs.		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 High Tower Nursing Home		STREET ADDRESS (If rural, give location) 2520 McLaren Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Louisa		b. (Middle) A.		c. (Last) Craft		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1955	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Aug. 23, 1874	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 10 Days 7		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Unk. Lederle		13b. MOTHER'S MAIDEN NAME Unknown Unknown		14. NAME OF HUSBAND OR WIFE William H. Craft	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William J. Craft, 4600 Donovan Ave.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart. Vascular disease unknown		INTERVAL BETWEEN ONSET AND DEATH over 8 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	11. OTHER SIGNIFICANT CONDITIONS (c) Atherosclerosis due to diverticulosis of undetermined origin 2) senile dementia		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2) Gastrotomy		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) 4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **June 28, 1955**, to **June 30, 1955**, that I last saw the deceased alive on **June 27, 1955**, and that death occurred at **5:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Luttman MD		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 6/30/55	
24b. DATE July 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24d. LOCATION (City, town, or county) (State) Florissant, Mo.	

DATE REC'D BY LOCAL REG. 6/30/55		REGISTRAR'S SIGNATURE Richard J. Donko, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. S. Selzer.....

Licensed Embalmer No... 46

P. O. Address 3840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.