

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39286

State File No.

FILED DEC 13 1955

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2678

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Village of Frontenac</u>	c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY OR TOWN <u>Village of Frontenac</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>22 Country Side Lane</u>		e. STREET ADDRESS (If rural, give location) <u>22 Country Side Lane</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>CRAIG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 15 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1869</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Claim Investigator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>E. St. Louis & Sub. R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>R. Macon County, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Oliver Craig</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza Dowell</u>		14. NAME OF HUSBAND OR WIFE <u>Minerva (Scott) Craig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Minerva Craig</u>		ADDRESS <u>St. Louis Co., Missouri</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		177x	
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>177x</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
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 <u>1 Oct</u> , 19 <u>55</u> , to <u>15 Nov</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>13 Nov</u> , 19 <u>55</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John A. Shuman M.D.</u>		23b. ADDRESS <u>35 No Central, Clayton 5 Mo</u>	
23c. DATE SIGNED <u>11/15/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>November 15, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>E. St. Louis Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Dombke</u>	
DATE REC'D BY LOCAL REG. <u>11-15-55</u>		ADDRESS <u>E. St. Louis, Ill</u>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Stumm
25 71. Central
Clayton Mo. Bldg.
3-6

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.....
Signature of Licensed Embalmer

Licensed Embalmer No. 3162..

P. O. Address E. St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

NOT Embalmed