

FILED JUN 14 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17721

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5345**

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) **Life**
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **D.O.A. Homer Phillips Hosp.**
e. STREET ADDRESS (If rural, give location) **4938 Aldine Place**
2069

3. NAME OF DECEASED
a. (First) **MARIAN**
b. (Middle) **O.**
c. (Last) **CRADDOCK**
4. DATE OF DEATH (Month) (Day) (Year) **May 31, 1956**

5. SEX **Female**
6. COLOR OR RACE **Negro**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Feb. 26, 1920**
9. AGE (in years last birthday) **36**
IF UNDER 1 YEAR Months **3** Days **5**
IF UNDER 2 HRS. Hours **1** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk**
10b. KIND OF BUSINESS OR INDUSTRY **Record Center**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Charles H. Bush**
13b. MOTHER'S MAIDEN NAME **Ola**
14. NAME OF HUSBAND OR WIFE **Chauncy Craddock**

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. _____
17. INFORMANT'S SIGNATURE OR NAME **Chauncy Craddock** ADDRESS **4938 Aldine Pl.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Medically Certified: Ruptured Tubal Pregnancy**
ANTECEDENT CAUSES
Morbidity 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 NO

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) **645.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **155A** m., from the causes and on the date stated above.

23a. SIGNATURE **Reginald J. Finney** (Name or title)
23b. ADDRESS **1300 Clark**
23c. DATE SIGNED **6/4/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**
24b. DATE **6/6/56**
24c. NAME OF CEMETERY OR CREMATORY **Washington Park Cemetery**
24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JUN 4 1956**
REGISTRAR'S SIGNATURE **Carl Smith**
25. FUNERAL DIRECTOR'S SIGNATURE **Charles J. Gates** ADDRESS **4107 Finney**

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..... *Guyton Swan*
Licensed Embalmer No. 458

P. O. Address...4107. Finn

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