

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28248**  
Registrar's No. **7321**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>12 5351 Delmar Blvd.</b>	

3. NAME OF DECEASED (Type or Print) <b>Caroline Fitch Craig</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>August 6, 1956</b>	(Month)	(Day)	(Year)
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 16, 1864</b>	9. AGE (In years, last birthday) <b>92 yrs</b>	# UNDER 1 YEAR	Months	Days	# UNDER 1 MIN.	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher (Retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Sterling, Mass.</b>	12. CITIZEN OF WHAT COUNTRY? <b>United States</b>
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13a. FATHER'S NAME <b>Andrew L. Fitch</b>	13b. MOTHER'S MAIDEN NAME <b>Abbie Wheeler</b>	14. NAME OF HUSBAND OR WIFE <b>John Craig</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Masonic Home of Missouri</b>	ADDRESS <b>Masonic Home of Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUE TO (b) <b>Cerebral arteriosclerosis</b>		<b>2 hrs.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Generalized arteriosclerosis</b>		<b>20 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>20 yrs.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 1, 1956, to Aug. 6, 1956, that I last saw the deceased alive on Aug. 6, 1956, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold E. Walters M.D.</b>	23b. ADDRESS <b>3720 Washington St. Louis</b>	23c. DATE SIGNED <b>8-7-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Aug 10, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 8 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons</b>	ADDRESS <b>6175 Delmar</b>
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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 .....

Student Embalmer

Signed

*Joseph E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 6145 Dolman

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