

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007841

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 492

health, Welfare public service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4511 BRENTWOOD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY Hospital D.O.A.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 8763 ROSE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) LORETTA JEAN CRAFT			4. DATE OF DEATH Month Feb Day 19 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JANUARY 5 1959	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 1 Days 14 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) CLAYTON MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ALVIN ANDERSON			14. MOTHER'S MAIDEN NAME LOUISE CARTER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address LOUISE CRAFT 8763 ROSE	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (I) (n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 490X

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE		

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **12:30P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Murphy MD (Degree or title)	22b. ADDRESS 801 S. Brentwood Clayton	22c. DATE SIGNED 2/26/59
--	---	------------------------------------

23a. BURIAL, CREMATION, OR OTHER DISPOSAL Buried 2-23-59	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Father Jackson	23d. LOCATION LOCAL (you'n. of county) (State) Clayton MO
--	-----------	---	---

24. GENERAL QUALIFIER J.D. Handell & Sons 1719 East Kessler	25. DATE RECD. BY LOCAL REG. 2-20-59	26. REGISTRAR'S SIGNATURE John C. Murphy, MD
--	--	--

Licensed Embalmer's Statement on Reverse Side

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.....
Herbert J. Ryan

Licensed Embalmer No. *408*

P. O. Address.....
White Horse

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.