Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014841
STATE FILE NUMBER

FILED APR 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3426

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Children's Hosp — Length of stay in 1b: 20 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Shelby
c. CITY OR TOWN: Windsor — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R. R. #2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Dennis Middle: Russell Last: Craig

4. DATE OF DEATH: Month: 4 Day: 4 Year: 59

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-4-52

9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months / Days — 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): Decatur, Ill

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Russell Owen Craig

13b. MOTHER'S MAIDEN NAME: Ruth Clark

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Helen Nesslein-500 S. Kingshighway

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Purulent pleurisy + bronchopneumonia + media sinitis — INTERVAL BETWEEN ONSET AND DEATH: 3-23-59 / 4-4-59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Breakdown of esophagogastric - operation on anastomosis — 3-18-59
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Esophageal varices - from unknown cause 4621

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-15-59, to 4-4-59 and last saw him alive on 4-4-59
Death occurred at 7:45 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard D. Hardy M. D.

22b. ADDRESS: 500 S. Kingshighway

22c. DATE SIGNED: 4/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-5-59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Sullivan, Illinois

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: APR 6 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(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 .....

Licensed Embalmer No. 4979

P. O. Address St. Louis

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.