

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026522

FILED VS AUG 3 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 6483**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 8 da	c. CITY OR TOWN Creve Coeur		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) # 8 Questover La		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph M Craft			4. DATE OF DEATH Month Day Year July 7 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/1/08	9. AGE (last birthday) 60	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Louisville Cement	11. BIRTHPLACE (City and state or country) Florissant Mo	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Charles Craft		13b. MOTHER'S MAIDEN NAME Mary Kaatman		14. NAME OF HUSBAND OR WIFE Geraldine Craft		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW # I		16. SOCIAL SECURITY NO. 401-10-6765	17. INFORMANT Address Geraldine Craft Creve Coeur Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Glomerulonephritis. 593x DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 June 27, 1959 to July 7th 1959 and last saw ^{her} him alive on July 7, 1959 Death occurred at 3:35 P on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J B Ortman M.D. (Degree or title)			22b. ADDRESS 539 N. Grand St. St. Louis		22c. DATE SIGNED 7/9/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/10/59	23c. NAME OF CEMETERY OR CREMATORY St Ferdinand	23d. LOCATION (City, town, or county) Florissant Mo			
24. FUNERAL DIRECTOR Ortman F Home 9222 Lackland ADDRESS Overland Mo		25. DATE RECD BY LOCAL REG. JUL 9 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C Ostman

Licensed Embalmer No. 3478

P. O. Address _____

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.