URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 13 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4575

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4230 Castleman Ave. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JOHN Middle: R. Last: McCRADY

4. DATE OF DEATH: Month: April Day: 29 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒

8. DATE OF BIRTH: 7-12-1926

9. AGE (last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver-Black & White

10b. KIND OF BUSINESS OR INDUSTRY: Cab Co.

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

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

13a. FATHER'S NAME: John B. McCrady

13b. MOTHER'S MAIDEN NAME: Emma Skaggs

14. NAME OF HUSBAND OR WIFE: Edna McCrady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Emma McCrady Address: 4230 Castleman Ave.

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Subdural Hemorrhage

DUE TO (b): Fractured Skull

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Suffered when car operated by deceased went out of control and struck light standard on Third St. Highway at Geyer Street, on April 29 1960 about 620 a.m.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ 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: 620 Hour a.m. ~~p.m.~~ Month, Day, Year: 4 29 60

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.): 23 Hwy

20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 645 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick F. Taylor Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 4.29.60

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

23b. DATE: May 2, 1960

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.: APR 29 1960

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. W. Storzand

Signature of Student Embalmer

Licensed Embalmer No. 4007

P. O. Address St. Lou

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