

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034332

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2686 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

1 4001

2 4004

3

4 0

5 0

6

7 0

8 2

9 490X

10

11

12 93-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED SEP 4 1963

1. PLACE OF DEATH
 a. COUNTY St Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) Bellefontaine Neighbors Length of stay in lb 1 yr 5 mo
 c. FULL NAME OF (If NOT in hospital, give location) St Louis State School & Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE mo b. COUNTY St Louis
 c. CITY OR TOWN Maplewood Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7212 South St Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Michael Thomas Craddock Aug 24 1963

5. SEX male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-26-40 9. AGE (last birthday) 23 yrs IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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) Bellefontaine, Mo 12. CITIZEN OF WHAT COUNTRY US-A

13a. FATHER'S NAME William M. Craddock 13b. MOTHER'S MAIDEN NAME Genevieve Ford 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of serv) 16. SOCIAL SECURITY NO. 17. INFORMANT Randy St Louis State School & Hosp. Address

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) acute pneumonia INTERVAL BETWEEN ONSET AND DEATH 24 hrs
 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 (a) Severe mental retardation 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 Hour Month, Day, Year a.m. p.m.

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 Aug 24, 1963 to Aug 24, 1963 and last saw him alive on Aug 24, 1963. Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dress or title) William L. Kaufmann M.D. 22b. ADDRESS 10615 Bellefontaine Rd St Louis 31 22c. DATE SIGNED Aug 24 63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE Aug 28, 1963 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. 23d. LOCATION (City, town, or county) St. Louis, Mo.

24. FUNERAL DIRECTOR M. J. Croghan, 7825 Big Bend Blvd. Webster Groves 19, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 8-27-63 26. REGISTRAR'S SIGNATURE J. M. Murphy 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 Law M. Seymour

Licensed Embalmer No. 4343

P. O. Address St Louis Mo.

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.