

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23124

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City, **St. Louis**, (No. **3011**, **Clark**) St. _____ Ward)

File No. _____
Registered No. **6580**
St. _____ Ward)

2. FULL NAME

Mamie Craig
(a) Residence. No. **3011 Clark** St., **18** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **col.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 23, 1898**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	30	6	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **House wife**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Baton Rouge**
(STATE OR COUNTRY) **La.**

10. NAME OF FATHER **Perry Steward**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **La.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Margaret Williams**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **La.**
(STATE OR COUNTRY)

14. INFORMANT **Frank Steward**
(Address) **no 5a n. Compton**

15. FILED **Nov 19 1929** **Wm C. Staker**
19. _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6-16-1929**

17. I HEREBY CERTIFY, That I attended deceased from **6-13-1929** to **6-16-1929**, and that I last saw him alive on **6-15-1929** at **2:40 P.M.** and that death occurred, on the date stated above, at **2:40 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
(duration) _____ yrs. _____ mos. _____ ds.
Chronic Nephritis
CONTRIBUTORY (SECONDARY) (duration) **2** yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED **La.**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) **W. J. Murphy**, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
1729 (Address) **3180 Franklin**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE OF BURIAL **6-21-1929**

20. UNDERTAKER **Peoples and Co** ADDRESS **3180 Franklin**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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