

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **3**

City **St. Louis** (No. **City Hospital**)

File No. **29574**

Registered No. **8761**

St. Ward)

2. FULL NAME

(a) Residence. No. **7525 Michigan** St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **70** yrs. **1** mos. **0** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 15 - 1852**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 **2** **90**

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

10. NAME OF FATHER **James Crane**

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

12. MAIDEN NAME OF MOTHER **Bridget Gray**

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

14. INFORMANT **Edgar**
(Address) **City Hospital**

15. FILED 19 **1929** **Walter J. ...** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 24 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 8** 19**29** to **Aug 24** 19**29** that I last saw him alive on **Aug 24, 1929** and that death occurred, on the date stated above, at **5:10 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Severely to Severe Dementia

CONTRIBUTORY (SECONDARY) **Broncho-Pneumonia** (duration) yrs. mos. ds.

18. WHEN WAS DISEASE CONTRACTED? **10/11/25 Michigan**

UNLESS AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **none**

(Signed) **Ben Margulies, M. D.**

120 19**29** (Address) **City Hospital**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mount Olivet Cemetery** **DATE OF BURIAL** **Aug 26 1929**

20. UNDERTAKER **Southon V. Lee** **ADDRESS** **4315 S. Broadway**

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.

RECORD THIS IS A PERMANENT RECORD

Crane