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

Do not use this space. ~~3104~~ ~~2950~~ 3521

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1022

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

2. FULL NAME 1470 Ben Craig

(a) Residence. No. No Home St., 25 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18-1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	88	7	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown 93C 1 9A

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 99

(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County

PARENTS

10. NAME OF FATHER Jesse Craig

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

12. MAIDEN NAME OF MOTHER Mary Kelso

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

14. INFORMANT E. Rowan (Address) City Hospital

15. FILED 3 1 1930 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1929, to Jan 2, 1930 that I last saw him alive on Jan 2, 1930, and that death occurred, on the date stated above, at 1 - 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

..... (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Broncho - Pneumonia Genl arteriosclerosis

..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no Home

DID AN OPERATION PRECEDE DEATH no DATE OF —

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Benj Margulas, M. D.

1/3, 1930 (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	DATE OF BURIAL
Washington U.	1-22 1930
20. UNDERTAKER	**ADDRESS**
Walter Richter	3500 Rutger St

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.

Craig