

MAR 27 1931

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

Do not use this space.

6906

1. PLACE OF DEATH

County St. Louis
Township Central
City Wellston (No. 6230 Plymouth)

Registration District No. 289
Primary Registration District No. 60 33B

File No. _____
Registered No. 82
St. _____ Ward _____

2. FULL NAME

Dorale Craft
6230 Plymouth St. _____ Ward _____

(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 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) Jan 22, 1931

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ 109
(b) General nature of industry, business, or establishment in which employed (or employer) _____ 159
(c) Name of employer _____ 876

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Ralph B. Craft

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Marie Moriarty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. C. C. Craft
(Address) 6230 Plymouth

15. FILED 2/25, 1931 Wella Gray M. D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/22, 1931, to 2/24, 1931, that I last saw alive on 2/24, 1931, and that death occurred, on the date stated above, at 1:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Bronchial
(duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) Premature Birth
7/22/31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

9 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Dr. Joseph H. Schaefer M. D.

2/25, 1931 (Address) 335 University Club Bldg

*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 MT Lebanon Cemetery DATE OF BURIAL Feb. 25 1931

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton

WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

W. J. ...
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