WRITE PLAINLY, 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.

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

Do not use this space.

16287

File No. 16287

Registered No. 4779

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6101 Plymouth Ave St. ..... Ward)

2. FULL NAME Caroline M. Craig.

(a) Residence. No. 6101 Plymouth St. 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Paul F. Craig

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4, 1894

7. AGE: Years 36 Months 9 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: George H. Ernest.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.
12. MAIDEN NAME OF MOTHER: Amelia Wallwitz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Pa.

14. INFORMANT: Miss. Mae F. Ernest.
(Address) 6101 Plymouth Ave

15. FILED APR 21 1931 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1930, to April 20, 1931 that I last saw her alive on April 20, 1931 and that death occurred, on the date stated above, at 4 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Abdominal Carcinoma

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Not Known.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 5 3 E

IF NOT AT PLACE OF DEATH?

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan - 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Labrotory

(Signed) John D. Pae, M. D.

4/21, 1931 (Address) 1492 Hodiamont

*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: St. Peter's Cemetery
DATE OF BURIAL: April 23 1931

20. UNDERTAKER: Shepard Funeral Home
ADDRESS: 1167-69 Hamilton Ave.

rquested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 4779,

Name: Caroline M. Craig

Who died at: St. Louis, Mo. on April 20, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months ____ Days ____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Abdominal Carcinoma

Contributory: Not Known.

Primary seat in cervix, Information given over Phone by Dr. J. O. Poe, Div. of V. S.

Where was disease contracted?

Did operation precede death? _____ Date of 12-10-31

S-16287