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.

✓ 32864

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1063 ..... Registered No. 9734

City St Louis (No. 1422 N Union Blvd St. ..... Ward)

2. FULL NAME George Mayer Croft

(a) Residence. No. 1422 N Union Blvd 6 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	11	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Detective

(b) General nature of industry, business, or establishment in which employed (or employer) Railway Ex. Bldg.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER George F Croft

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

12. MAIDEN NAME OF MOTHER Unknown Shelton

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

14. INFORMANT Mrs Lulu Croft (Address) 1422 N Union Blvd.

15. FILED SEP 17 1931 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Sept. 15, 1931 that I last saw him alive on Sept. 15, 1931, and that death occurred, on the date stated above, at 8.45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

791

1063

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex & X-ray

(Signed) John Cameron M. D.

Sept. 16, 1931 (Address) Metropolitan 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	DATE OF BURIAL
Lakewood Pk Cem.	Sept. 19 1931
20. UNDERTAKER	**ADDRESS**
Harry J. Askemeyer	5195 Vernon

mc