

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.

6335

1. PLACE OF DEATH

County.....

Registration District No.....

791

1002

Township.....

Primary Registration District No.....

File No.....

Registered No.....

1419

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

St.....

Ward.....

2. FULL NAME

(a) Residence, No. *1331 La Salle* St.,

Ward. *22*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *2 yrs mos.*

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*

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Nov. 15-1931*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*2*

*28*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*nil*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*St. Louis, Missouri*

MOTHER FATHER

13. NAME

*Erven Craft*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Indiana*

15. MAIDEN NAME

*Eva Weaver*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Ind.*

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE

*St. Matthews* DATE *Feb 13 1932*

19. UNDERTAKER (ADDRESS)

*Allen W. McLaughlin 2300 Lafayette*

20. FILED FEB 13 1932

*Max C. Underhill Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Feb. 12th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 8th 1932* to *Feb 12th 1932*

I last saw her alive on *Feb 12th 1932* Death is said

to have occurred on the date stated above, at *7.35 P. M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Bronchof pneumonia Primary 107A 1932*

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis? *clinical*

Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) *Raymond H. Hask*

(Address) *City Hospital*

M. D.

Craft

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