

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

Do not use this space.

30291

1. PLACE OF DEATH

96 County St. Louis Co. Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. 6337 Southwood) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6337 Southwood St., _____ 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 male 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 Caroline Fitch Craig
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1867
 7. AGE YEARS 65 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27
 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) Ireland 15

13. NAME Matthew Craig

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

15. MAIDEN NAME Margaret Hutchinson

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

17. INFORMANT Caroline F. Craig
 (ADDRESS) 6337 Southwood

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla DATE 9-20-32

19. UNDERTAKER Alexander & Sons
 (ADDRESS) 6175 Delaware Blvd

20. FILED Sept. 19 19 32 Red Sullivan
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1932, to 9-17 1932
 I last saw him alive on 9-17 1932. Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
93C
111B 93C
 Other contributory causes of importance:
edema of lungs
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no
 If so, specify _____
 (Signed) D. Christian Dahms, M. D.
 (Address) 1452 So Grand

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.

OCT 29 1932

WRITE WITH OUTRADING INK—THIS IS A PERMANENT RECORD

Hand 2200