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

Do not use this space.

33466

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NOV 28 1932

1. PLACE OF DEATH
County St. Louis Registration District No. 790
Township Central Primary Registration District No. 1033
City Clayton (No. St. Louis County Hospital St. Ward)

File No.
Registered No.

2. FULL NAME Margie Ann McCrea

(a) Residence, No. 4512 Edgewood 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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 0

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

FATHER

13. NAME Ray McCrea
14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Margaret Whitney
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

17. INFORMANT Ray McCrea
(ADDRESS) 4512 Edgewood, Pine Lawn, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE Oct 13 1932

19. UNDERTAKER C. T. Drumm
(ADDRESS) 6107 Natural Bridge Rd

20. FILED Oct 13 1932 K. W. Dillman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....a.m. ....p.m.

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

	Date of onset
Gastro enteritis	10/8/32
11/8	
10/8 / 11/8	

(5)

Other contributory causes of importance: Bronchopneumonia 10/10/32

Name of operation None Date of operation

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? No
If so, specify .....

(Signed) John O'Donnell, M. D.
(Address) Coroner of St. Louis County.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD