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. 37455

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 10117

City Saint Louis (No. 4362 St. Ferdinand Avenue St. ..... Ward)

2. FULL NAME Burl Craven

(a) Residence, No. 4362 St. Ferdinand Avenue // Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unknown 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	Colored	Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR WIFE OF)~~ Nellie Craven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11th, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	2	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois 2

FATHER

13. NAME John H. Craven

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

MOTHER

15. MAIDEN NAME Eliza Stephens

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

17. INFORMANT Imogene Rex Craven
(ADDRESS) 4362 Saint Ferdinand Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Nov. 17th 1932

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107-[illegible] Ferdinand Avenue

20. FILED NOV 20 1932 19 [signature] Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1932, to Nov. 13, 1932

I last saw him alive on Nov. 13, 1932 Death is said to have occurred on the date stated above, at 4:10 P. M.

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

	Date of onset
Acute Cardiac Dilatation	13 of Nov
97	
95B	
Other contributory causes of importance:	
arteriosclerosis	6 mths

1

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? no

If so, specify .....

(Signed) W. A. Younger, M. D.

(Address) 2316a Market