

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 191
Township..... Primary Registration District No. 303
City St. Louis (No. 1945th near Sullivan)

File No. 41600
Registered No. 10620
St. Ward)

2. FULL NAME JOHN CRAIG

(a) Residence, No. 1945th Sullivan St., 26 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Craig</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24 - 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>39</u>	<u>11</u>	<u>15</u>	
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. <u>Cobbler</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>10 yrs</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
	13. NAME <u>Jess Craig</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
	15. MAIDEN NAME <u>Laura Hall</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
	17. INFORMANT <u>Mrs Anna Craig</u> (ADDRESS) <u>1945th near Sullivan</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Calvary</u>		DATE <u>Dec 17 1933</u>		
19. UNDERTAKER <u>Central Ind. L. Co Inc</u> (ADDRESS) <u>114 East Ave</u>				
20. FILED <u>11 1933</u> 19 <u>J. T. Bredeck</u> LEU Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28th, 1933, to Dec 8th, 1933

I last saw him alive on Dec 8th, 1933 Death is said

to have occurred on the date stated above, at 7-30 m.

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

Date of onset

Acute Lob. Pneumonia 11/28/33
108
106 B

Other contributory causes of importance:

Chrom. Bronchitis

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?.....

If so, specify.....

(Signed) James A. Dickerson, M. D.

(Address) 5801 Easton Ave

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.

28 1934

5801 Boston

Mar. 1923