

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

Do not use this space.

JUN 12 1935

18314

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **4662**

Township.....

Primary Registration District No. **1003**

Registered No.

City **St. Louis** (No. **City 21003**)

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

William Crane
1534 N. With - 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/18** 19**35**

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

22. I HEREBY CERTIFY, That I attended deceased from **5/10** 19**35** to **5/18** 19**35**

I last saw him alive on **5/18** 19**35**. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 16 - 1870**

to have occurred on the date stated above, at **St. Louis**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 **7** **7**

Date of onset

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

Chronic Myocarditis

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

Other contributory causes of importance: **93C**

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 Mo**

13. NAME **James Crane**

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

15. MAIDEN NAME **Ellen Euclid**

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

17. INFORMANT (ADDRESS) **Harvey A. Kest** **City St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington U** DATE **5-24** 19**35**

19. UNDERTAKER (ADDRESS) **Walter Richter** **5500 Rutgers St** **St. Louis 25** 19**35**

20. FILED 19**35** **J. H. Brebeck** Registrar.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **yes**

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) **W. H. Mc Cain** M. D.

(Address) **City St. Louis**

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.

