

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

SEP 16 1935

Do not use this space.

27780

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Forest Park) St. Louis St. 6 Ward

File No.....
Registered No. 6830
St. Ward)

2. FULL NAME George G. Cragen

(a) Residence, No. 5979 Romaine Pl. St. 6 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Mrs. G. Cragen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/19/1903
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 9 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pac. R. R.
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) Mo.

FATHER
13. NAME William Cragen

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

MOTHER
15. MAIDEN NAME Fannie Dowell

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

17. INFORMANT (ADDRESS) Miss Geo Cragen
5979 Romaine Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia Mo DATE 8/10/35

19. UNDERTAKER (ADDRESS) Robert J. Undermaster
6633 Clayton Road

20. FILED AUG 10 1935
J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/35, 19..

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 10:4 a.m.

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

Spontaneous rupture of chest, self inflicted

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 8/9/35
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
Nature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Harold P. Schuch M. D.
(Address) 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. WHILE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

