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.

MAR 25 1936

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

Do not use this space.

7549

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 790 — File No.:

Township: — Primary Registration District No.: 6033 — Registered No.: 63

City: Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME: Baby Crain

(a) Residence, No. 6501 Plymouth V City 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: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Newborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-1-36

7. AGE: Years — Months — Days — If LESS than 1 day, — hrs. or 15 min.

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:

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

FATHER

13. NAME: Ernest Crain

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

MOTHER

15. MAIDEN NAME: Fern Matlock

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

17. INFORMANT (ADDRESS): Mrs M C Raffery 6501 Plymouth - V City.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: ~~Calvary~~ Memorial Park DATE: Feb 4, 1936

19. UNDERTAKER (ADDRESS): Edith E. Ambrister 4234 Manchester Av.

20. FILED: 2/4, 1936 Dr A J Sigwerth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 1, 1936.

I last saw her alive on, 1936. Death is said to have occurred on the date stated above, at 3 PM m.

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

Prematurity (5½ mos) — Date of onset

Other contributory causes of importance: Toxemia of mother

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) J. D. Casselgranda, M. D.

(Address) 4801 Laclede St. Yoke