OCT 5 1936

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

Do not use this space.

File No. 36178

Registered No. 9824

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Christian Hospital, St. ..... Ward)

2. FULL NAME Hilda Cratty

(a) Residence, No. 2926 Belt Ave. St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
33	1	20	

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. Housewife

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

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

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

FATHER

13. NAME Unknown Finkle

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Sherman Cratty (ADDRESS) 2926 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 9-29, 1936

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED SEP 28 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Sept 27, 1936

I last saw h. alive on Sept 27, 1936, Death is said to have occurred on the date stated above, at 12:10 m.

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

	Date of onset
Septicemia	
Respiratory Paralysis	10 Da
Hypostatic Pneumonia Bronchial	

Other contributory causes of importance:

Malnutrition due to Respiratory Paralysis

Name of operation None 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) Samuel Wolff, M. D.

(Address) 2906 No. Euclid

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Samuel Wolff
2906 Union Ave. 10-12