

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.

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

Do not use this space.

FEB 8 1937

791

3601

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Hospital No. 2)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 635
St. Ward)

2. FULL NAME Thelma Craig

(a) Residence, No. 1110 N. Newstead St. Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 27, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 1 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 235
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) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Alexander Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Willie Nease Bassett

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

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 1/17/37

19. UNDERTAKER W. S. Wade Und. Co.
(ADDRESS) 4202 Finney Ave

20. FILED 1-15, 1937 J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-4-, 1936 to 1-12-, 1937

I last saw her alive on 1-12-, 1937. Death is said to have occurred on the date stated above, at 9:45 A. M.

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

Pulmonary Tuberculosis Date of onset 12-4-36

Other contributory causes of importance:
235

Name of operation..... 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?.....

If so, specify.....

(Signed) A. L. Lewis, M. D.
(Address) 2945 Lawton Ave.

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