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

SEP 10 1937

Do not use this space.

28807

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

File No. .....

Registered No. 7440

2. FULL NAME Jean B. Craig

(a) Residence, No. 5738 Enright Ave. St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 1871

7. AGE: Years 65 Months 9 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Lawrence, Kansas.

FATHER

13. NAME James Blood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolton, Vermont

MOTHER

15. MAIDEN NAME Eliza Mansur

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

17. INFORMANT Frances B Jones.
(ADDRESS) 9203 Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Aug. 9 1937

19. UNDERTAKER Alexander & Sons.
(ADDRESS) 6175 Delmar Blvd.

20. FILED AUG 6 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1937, to Aug. 4, 1937

I last saw h. alive on Aug 4, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Cerebral Hemorrhage (Left side of brain)	Aug 2.

Other contributory causes of importance:
General Arterio Sclerosis
Myocarditis Chronic

Name of operation O 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? No

If so, specify .....

(Signed) Hiram L. Leggett, M. D.

(Address) 3720 Washington Blvd.

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

100M-11-33

Dr. Hiram S. Liggett.
215 Beaumont Bldg.
1-4 P. M.