

REC'D APR 11 1938

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

9167
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(e) Length of residence in city or town where death occurred

Registration District No. **791**
1003

Primary Registration District No.
(d) Street No. St. Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2756**

2. PRINT FULL NAME James Clinton Craine 650

(a) Residence, No. 6651 Garner Avenue St. **4**
(Usual place of abode, if no street address, write county or city) (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 Clara B. Craine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 4 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. St. Car Operator
9. Industry or business in which work was done, as 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) Dixon, Mo.

FATHER 13. NAME J. I. Craine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vianna Missouri

MOTHER 15. MAIDEN NAME Parry Crantrial

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

17. INFORMANT Mildred Manning
(ADDRESS) 6651 Garner Avenue, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dixon, Missouri. DATE March 21, 1938

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FILER J. D. Bredebeck
Local Registrar.

MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/13/38 1938 to 3/18/38 1938

I last saw him alive on 3/18/38 1938. Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Congestive to chest.
No tubercular cause
unknown

Other contributory causes of importance:

Name of operation chest drainage Date of 3/18/38

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) V. J. Felt M. D.

(Address) Princeton, Mo.

2756

2756

STATEMENT BY LICENSED EMBALMER

I, Harold H. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Harold H. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)