

REC'D JUL 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township Miller
City St. Louis (No. 1061)

Registration District No. 1061
Primary Registration District No. 5385

File No. 21761
Registered No. 657 St. Ward

2. FULL NAME

(a) Residence, No. Sarah E. Crain St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Julius E. Crain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1888

7. AGE YEARS 80 MONTHS 1 DAYS 11 If LESS than 1 day, hrs. or min.

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) May 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME William Anderson

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Julius E. Crain (ADDRESS) Bryant mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth DATE May 8 1938

19. UNDERTAKER F. A. Steffe (ADDRESS) Manfield

20. FILED June 1 1938 U. S. McViter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from suicide, 1936, to May, 1938

I last saw him alive on an Aug 6, 1938 Death is said

to have occurred on the date stated above, at 7 A. m.

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

chronic nephritis Date of onset about 1920

Other contributory causes of importance:

arterial hypertension and
depression.

Name of operation..... Date of.....

What test confirmed diagnosis? phys 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) Robt W. Norman, M. D.

(Address) awa mo

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