

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

27653
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. Barnes Hospital. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred --- yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **7667**

2. PRINT FULL NAME John Alexander Craig (CRAIG.) 67A
(a) Residence, No. 803 E. Kiowa Springs St. KA Colorado Springs, Colorado
(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 Imogene Craig.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8st 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher,
9. Industry or business in which work was done, as saw mill, bank, etc. Public School
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) Sunflower, MississippiFATHER 13. NAME John Alexander Craig.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Alabama.MOTHER 15. MAIDEN NAME Mary Ransome.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mississippi.17. INFORMANT Mrs. Imogene Craig.
(ADDRESS) 803 E. Kiowa Springs, Colorado.18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CREMATORY DATE AUG 30 - 193819. FUNERAL DIRECTOR (NAME) C.R. Lupton & Sons.
(ADDRESS) 7233 Delmar Blvd., St. Louis, Mo.20. FILED AUG 29 1938 J.F. Brudeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-38, 1922. I HEREBY CERTIFY, That I attended deceased from 6-13-38, 19, to 8-28-38, 19.I last saw him alive on 8-28-38, 19. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Brain Abscess, cause unknown Date of onset Nov '37Other contributory causes of importance: Frontal sinuses Oct '37Name of operation Aspiration of brain abscess Date of 6-15-38What 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 injury24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify Gen L. Brown Jr.(Signed) BARNES HOSPITAL, M. D.
(Address)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clarence H. Murray

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Clarence H. Murray

Licensed Embalmer No. *4011*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.