REC'D OCT 12 1936

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

30514
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis Mo.
(d) Street No. 6140 Oakland Av. Deaconess Hospital St.
(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.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 7951

2. PRINT FULL NAME Aline Virginia McCracken 263
(a) Residence, No. 7128 Tholozan St. 13
(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: Female
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: Cecil Charles McCracken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28th 1911

7. AGE: 27 YEARS, 4 MONTHS, 10 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as saw mill, bank, etc.: at home
10. Date deceased last worked at this occupation (month and year): Sept 1938
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Mo

FATHER
13. NAME: Lawrence Masterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Leona Wiliams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Mo

17. INFORMANT (ADDRESS): Cecil C McCracken 7128 Tholozan

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Madrid Mo DATE Sept 9th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Henry L. Weidemueller 6203 Gravois Ave.

20. FILED SEP - 8 1938 J F Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 9, 1938
I last saw her alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Date of onset

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Other contributory causes of importance:

Eclampsia
8 month pregnancy

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) P B Cappel M, M. D.
(Address) 3239 Foonbree ave

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.