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.

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

30998
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8435

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. 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.

2. PRINT FULL NAME Mrs. Lillie Alberta Craig
(a) Residence, No. 4904 Buckingham, Court St. 12
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Henry Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14/1873

7. AGE: Years 65 | Months 6 | Days 12 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): 1937
11. Total time (years) spent in this occupation: 30yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Abiline Kansas

FATHER
13. NAME: Richard Gunnow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. England

MOTHER
15. MAIDEN NAME: Jane Pepper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. England

17. INFORMANT (ADDRESS): Mary Ellen Craig, 4904 Buckingham, Court

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kewannee, Illinois DATE Sept. 29/, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe, Inc. 4700 Washington, Blvd.

20. FILED SEP 27 1938, 19 J. F. Bredeck *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26/ 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937, to Sept. 26 1938
I last saw her alive on Sept. 26, 1938. Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine followed	1923
by Fracture of Vertebra	1938
Toxic Pyelonephritis	Sept. 23 1938
Broncho-pneumonia	

Other contributory causes of importance:
Myocarditis
Arteriosclerosis

Name of operation Fracture of Spine Date of July 1922
What test confirmed diagnosis? Clinical Knowledge 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) Louis T. Curtin, M.D.
(Address) 3725 Washington St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.