

OV 21 1938

REC'D DEC 8 1938

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

40443
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 284
 (b) Township Carondelet Primary Registration District No. 200
 (c) City County (d) Street No. 1033 Lemay Ferry 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 Axil Kraigh
 (a) Residence, No. 1033 Lemay Ferry St.
 (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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 67

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19/38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on..... 19____. Death is said to have occurred on the date stated above, at..... m.

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

Chronic myocarditis

Arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis history 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) John L. Connelley, M. D.
 Coroner of St. Louis County

17. INFORMANT Gus Sauter
 (ADDRESS) St. Louis Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Hope DATE Nov 21/38 19

19. FUNERAL DIRECTOR Fendler Und. Co.
 (ADDRESS) 744 Lemay Ferry

20. FILE NO. NOV 21 1938 TR Meyer Local Registrar.

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.

STATE OF MISSISSIPPI

STATEMENT BY LICENSED EMBALMER

I, _____; Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)