S. No. 2
M—5-43
. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1945

State File No. 31786

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8715

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7200 Anna Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 417
(If outside city or town limits, write "RURAL")

(d) Street No. 7200 Anna Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BELLE CRAIG

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chauncey

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug. 7, 1867 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Pacific (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ? Kruger
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mandy ?
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Chauncey Craig
(b) Address 7200 Anna Ave. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) OCT 9 (Date received local registrar) (b) 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 8 day 8
year 1945 hour 2 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug 5 1945 to Sept. 1 1945
that I last saw her alive on Sept. 1 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 hours
Due to Arteriosclerosis	5 years
Due to	
Other conditions Lues 30 y (Include pregnancy within 3 months of death)	20 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Morton A. Dill (M. D. or other) MD
Address 7346a Manchester Maplewood, Mo. Date signed 10-9-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1946
JAN 7 1946

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 3454

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 24 S 6 Mansfield

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, fact should be so stated above.