

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

Do not use this space.

10005

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Township St. Bondelet Primary Registration District No. 6248 B  
 City St. Louis (No. 9625 St. Joseph Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Delores Craig

(a) Residence, No. 9625 St. Joseph St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>	<u>7</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In 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) St. Louis (STATE OR COUNTRY) Missouri

MOTHER

13. NAME Chasteen Craig

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Reva Terry

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Chasteen Craig (ADDRESS) 9625 St. Joseph Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Stonefort Illinois 4/1/32

19. UNDERTAKER A. W. M. Laughlin (ADDRESS) 1631 Missouri Ave.

20. FILED 3/29, 1932 L. C. O'Brook Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1932 to 3-29, 1932

I last saw her alive on 3-29, 1932 Death is said to have occurred on the date stated above, at 12:30 noon m.

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

Broncho. pneumonia Date of onset ?  
PTA (had it when I first saw her)  
 Other contributory causes of importance: Pertussis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

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) L. C. O'Brook M.D.  
 (Address) 716 Beaumont Met Bldg  
37th Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 29 1932

