

FEB 11 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis Mo.*No. *746 N. Euclid Ave*

St. .... Ward)

## 2. FULL NAME

*Clara E. Craine*(a) Residence, No. *746 N. Euclid Ave* St. *12* Ward.

(If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William G. Craine</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>10-16-1869</i>		
7. AGE	YEARS <i>66</i>	MONTHS <i>3</i>
	DAYS <i>12</i>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Ret. house wife</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*13. NAME *Richard M. Ono-Lundro*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*15. MAIDEN NAME *Matilda Hansson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*17. INFORMANT *Kate Cole*  
(ADDRESS) *746 N. Euclid*18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Harrison Ark* DATE *Jan 29, 1936*19. UNDERTAKER *Alexander & Sons*  
(ADDRESS) *617 S. Delmon Blvd*20. FILED *2 S 1936* 19. *J. Bredeck*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 28* 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Dec-1-1935* 19*35* to *Jan 28* 19*36*I last saw her alive on *Jan 27* 19*36* Death is saidto have occurred on the date stated above, at *4:20 p.m.*

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

*Carcinoma of liver* Date of onset *Sept. 1935**50*

Other contributory causes of importance:

*Secondary to Breast.**(L.H.S.)*

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....., 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) *T. J. Keefe* M. D.(Address) *4503 Washington**1936*

