

MAY 7 1936

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

Do not use this space.

17689

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City)

Registration District No. **791**
Primary Registration District No. **1008**

File No.....
Registered No. **4472**
St. Ward

2. FULL NAME

William G. Cragen

(a) Residence, No. 5800 Arsenal St. 13 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Carrie Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) J. G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE April 24, 1936

19. UNDERTAKER (ADDRESS) Wm. J. Dumbria 41234 Washington Ave.

20. FILED APR 24 1936 REGISTRAR J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935 to April 21, 1936

I last saw him alive on April 20, 1936 Death is said to have occurred on the date stated above, at T.S.P.M.

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

Chronic myocarditis Date of onset

Other contributory causes of importance: 930

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) W. E. Smith, M. D.

(Address) 5600 Arsenal St. Louis, Mo.

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.

