

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.

OCT 12 1938

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

30513
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Deaconess Hospital Primary Registration District No. **1008**
(c) City St. Louis, Missouri; (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

(Stillborn) McCracken **262**
(a) Residence, No. 7128 Tholozan St. **3** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1938

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) St. Louis Missouri

FATHER 13. NAME Cecil Charles McCracken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.

MOTHER 15. MAIDEN NAME Aline Virginia Masterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Missouri

17. INFORMANT (ADDRESS) Father 7128 Tholozan, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid Mo DATE Sept 9th 1938

19. FUNERAL DIRECTOR (ADDRESS) Henry L. Weidemuller 6203 Gravois Ave.

20. FILED SEP - 8 1938 J. D. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-1938

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1938, to, 19.....
I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 12:03 a.m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Date of onset

Other contributory causes of importance:
Eclampsia (mother)

Name of operation Date of
What test confirmed diagnosis? Chloroform 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?
If so, specify
(Signed) P. B. Cappel, M. D.
(Address) 3239 Frank Ave

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 *Guy W Wilkinson*
Licensed Embalmer No. *3575*

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.)