REC'D JAN 11 1939

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

791

40721
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 10413

(c) City St. Louis, Mo. (d) Street No. City Infirmary St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (630) George Craig

(a) Residence, No. 5800 Arsenal St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1861

7. AGE: Years 77 | Months 6 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Creve Coeur, Mo.

FATHER

13. NAME Andrew Craig

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

MOTHER

15. MAIDEN NAME Florence Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown "

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter and Paul December 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Peetz Brothers, 3029 Lafayette Ave

20. FILED DEC 2 1939 J. H. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1938, to Nov. 30, 1938
I last saw him alive on Nov. 30, 1938 Death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — yrs
Cirrhosis of the Liver — yrs

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Hist. & C.P. 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? No
If so, specify

(Signed) George M. Pike, M. D.
(Address) City Infirmary

(Licensed Embalmer's Statement on Reverse Side)

50M-7-20-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Owens, Licensed Embalmer No. 2245

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 Frank J. Owens

Licensed Embalmer No. 2245

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.)