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V. S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 6 1942 91

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 5425

100  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County .....

(b) City or town. St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 33 Mins.  
(Specify whether years, months or days)

In this community. 33mins.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State. Missouri (b) County. 17

(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3836 Delmar Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Baby McCraig

3. (b) If veteran, name war. No

3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced. Newborn

6. (b) Name of husband or wife Newborn

6. (c) Age of husband or wife if alive. Newborn years

7. Birth date of deceased. June 1, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

hr. 33 min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Nil.

11. Industry or business. Nil.

12. Name Elza McCraig Missouri 0

13. Birthplace Mabel Tidd  
(City, town, or county) (State or foreign country)

14. Maiden name North Dakota  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morrison

(b) Address St. Louis City Hospital.

17. (a) Burial (b) Date thereof 6-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. City Cemetery

18. (a) Signature of funeral director. W. J. White

(b) Address JUN 24 1942

19. (a) J. F. Madach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, year 1942 hour 8:55 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 1, 1942  
that I last saw er alive on June 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Prematurity

Due to .....

Due to .....

Other conditions. 159  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? 0 (Specify type of place)  
(e) Means of injury. 0

23. Signature. W. D. Hawke (M. D. or other) 0  
Address. 1515 Lafayette Avenue. Date signed 6/2/42

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address:.....

**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.)**

**If this body is not embalmed, fact should be so stated above.**