. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28639

FILED SEP 23 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7669

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 13 days (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 011
(If outside city or town limits, write "RURAL")
(d) Street No. 3623 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Anna Craig
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Fem ♀
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Craig
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased October 22, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	10	17	hr. min.

9. Birthplace West Point (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Cook
11. Industry or business Domestic
FATHER
12. Name Unknown (Luster)
13. Birthplace (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Vesta (Unknown)
15. Birthplace (City, town, or county) Unknown ? (State or foreign country)
16. (a) Informant James Craig.
(b) Address 3623 Cook Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.
19. (a) SEP 15 1942 (Date received local registrar) (b) J. J. Budreck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9 year 1942 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 26, 1942 to September 9, 1942 that I last saw her alive on September 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	Unk.
Arteriosclerosis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 9/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1617173

P. O. Address 3517 Sachdeva

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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