

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X 36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
#60588 THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28560**  
Registrar's No. **6937**

**FILED** AUG 29 1948

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(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:  
**St. Louis City Hospital-Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Lena Loe-Craig**  
3. (b) If veteran, name war **N11** 3. (c) Social Security No. **Unknown**  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 19 1927**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**19 3 18** hr. \_\_\_\_\_ min.

9. Birthplace **Houston Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Hiram W. Craig**  
13. Birthplace **Salem Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Leona McClellan**  
15. Birthplace **Mountain View Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rhoda Akers**  
(b) Address **2932 Eads Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-10-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Houston, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

19. (a) **AUG 8 1948** (Date of registration) **J. F. Bradick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Texas** **107**  
(c) City or town **Houston** (If outside city or town limits, write "RURAL")  
(d) Street No. **Memorial** (If rural, give location) **N. Rd. 1**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **7th**  
year **1946** hour **12:00** minute **P** M.  
21. I hereby certify that I attended the deceased from **July 24th**  
**1946** to **August 7th, 1946**  
that I last saw her alive on **August 7th, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **ulcerative colitis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **Pulmonary tuberculosis**  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **W. E. Fitzgerald** (Date signed) **8/7/48**  
Address **1515 Lafayette**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 19 1945

**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.....

*J. Allen Plaisance*

Licensed Embalmer No. *4053*

P. O. Address: *St. Louis Mo.*

**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.**