

JAN 15 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4139 Evans **2**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL")
 (d) Street No. 4139 Evans
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
 year 1940 hour 5 minute 20 P. A. M.

21. I hereby certify that I attended the deceased from Jan. 7
 1940 to Dec 5 1940
 that I last saw her alive on Dec 4 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Duration 2 days

Due to Cranial Interstitial Nephritis

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?

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

23. Signature C. C. Emerson (M. D. or other) **1**
 Address 3870 Easton Date signed.....

3. (a) PRINT FULL NAME Ella D. Craig

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry M. Craig 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. 2 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 3 hr. min.

9. Birthplace Jerseyville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Emil Olin

13. Birthplace N.J.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Squire

15. Birthplace N.J.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry M. Craig

(b) Address 4139 Evans

17. (a) Burial (b) Date thereof Dec. 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Jerseyville, Ill.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 8 1940 (b) J. H. Budeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Ne. 1158
3-4
6-8

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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.