

FILED OCT 21 1942

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8516**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4445 Russell Blvd.
(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 **Ellen White Craig**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **George E. Craig** / 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Aug. 1st. 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 | **2** | **10** | hr. min.

9. Birthplace **Coulterville, Ill.** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John A. McNeil**
13. Birthplace **Coulterville, Ill.** /
(City, town, or county) (State or foreign country)
14. Maiden name **Euphia Hobbs**
15. Birthplace **Coulterville, Ill.** /
(City, town, or county) (State or foreign country)

16. (a) Informant **George E. Craig**
(b) Address **4445 Russell Blvd.**

17. (a) **Removal** (b) Date thereof **10-12-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Coulterville, Ill.**

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

19. (a) **OCT 11 1942** (b) **J. F. Bredesch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **12**
(If outside city or town limits, write "RURAL") **9 17**
(d) Street No. **4445 Russell Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **12th**
year **1942** hour **9:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 17, 1942 to Oct 12, 42**
that I last saw her alive on **October 12, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 hrs.**

Due to **Arteriosclerotic Cardio-vascular Disease + Hypertension** **2 uncertain**
Due to **vascular disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **90%** Of autopsy **70%** PHYSICIAN **90%**
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) (c) Means of injury.....

23. Signature **G. O. Brown** (M. D. or other) **M.D.**
Address **1325 S. Grand** Date signed **10/2/42**

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

MOTHER FATHER

8516

8516

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.....

W. Wilkins

Licensed Embalmer No.

3575

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.