

FILED DEC 7 1942

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **9957**

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 **9 Days**  
In this community **UNKNOWN**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**  
(c) City or town **St. Louis Mo** **926**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1222 a Wright St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

3. (a) PRINT FULL NAME **Ida May Crain**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Harom Crain** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **2** **10** **1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73** **9** **14** hr. min.

9. Birthplace **Chester ILL** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Carwin**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Chas Drining**  
(b) Address **Los Angles Calif.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-1-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem**

18. (a) Signature of funeral director **J. F. Wredech**

(b) Address **2228 St. Louis Ave**

19. (a) **NOV 30 1942** (Date received local registrar) **J. F. Wredech** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24**, year **1942** hour **10:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 16**, 19**42** to **November 24**, 19**42**; that I last saw her alive on **November 24**, 19**42**; and that death occurred on the date and hour stated above.

Immediate cause of death

**Solar pneumonia**

Due to.....

Due to.....

Other conditions (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?..... (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)..... Means of injury.....

23. Signature **Drew M. Jensen** (M. D. or other) Address **1515 Lafayette Ave.** Date signed **11/24/42**

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

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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 *Marie A. Cashner*

Licensed Embalmer No. *3949*

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.**