

Registration District No. **318**  
**FILED MAR 25 1943**

Primary Registration District No. **1003**

Registrar's No. **2597**

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

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:  
**De Paul Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **1 day** (Specify whether years, months or days)

In this community..... **10 Years**

3. (a) PRINT FULL NAME..... **Ida B. Craycraft**

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

3. (c) Social Security No..... **None**

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **George Craycraft**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **January 29 1862**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>81</b>	<b>1</b>	<b>19</b>	.....hr. ....min.

9. Birthplace..... **Monroeville, Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **James Weiler**

13. Birthplace..... **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sarah Frances**

15. Birthplace..... **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Earl T. Hopkins**

(b) Address..... **5000 Queens Ave.**

17. (a) **Removal (Burial)** (b) Date thereof..... **March 19, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Anderson, Indiana**

18. (a) Signature of funeral director..... **Calvin F. Feutz** Funeral Home

(b) Address..... **4828 Natural Bridge**

19. (a) **MAR 18 1943** (b) **J. F. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **5000 Queens Ave.**  
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **17th**  
year..... **1943** hour..... **4** minute..... **P** M.

21. I hereby certify that I attended the deceased from..... **3-13-43**  
..... 19..... to..... **3-17-43**..... 19.....  
that I last saw her alive on..... **3-17-43**..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral hemorrhage**

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?.....

23. Signature of physician..... **Walter H. [Signature]**  
Address..... **1506 St. Louis** Date signed..... **3-18-43**

1978 v. St. Louis  
1-11

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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.....

John A. Melina....., Registered Apprentice No.....  
working under my personal supervision.

Signed John A. Melina.....

Licensed Embalmer No. 4186.....

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.**