

S. No. 300  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 13977  
3804  
Registrar's No.

Registration District No. 318  
Primary Registration District No.

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: Christian Hospital  
(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 NELLIE M. CRAIG  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Single O  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased September 8, 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 13  
If less than one day hr. min.

9. Birthplace Richland County Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Clerk

11. Industry or business Christian Old Peoples Home  
12. Name Frank Craig  
13. Birthplace National County Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriett E. Nelson  
15. Birthplace Richland County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Mary E. Craig  
(b) Address 6600 Washington Avenue

17. (a) Burial (b) Date thereof April 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Olney Illinois

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue

19. (a) APR 22 1948 J. F. Brobeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6600 Washington Avenue  
N.R. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 21, 1948  
year hour 7:40 minute P M.  
21. I hereby certify that I attended the deceased from 25, 1945, to Apr. 21, 1948;  
that I last saw her alive on Apr. 21, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas  
Duration 4 years  
Due to  
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) (c) Means of injury  
23. Signature J. H. Hayes (M. D. or other)  
Address 607 N. Grand St. Date signed 4.22.48

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

MOTHER FATHER

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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

*Henry W. Brammer*

Licensed Embalmer No.

*4200*

P. O. Address

*St. Louis*

**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.**