

No. 2
12-45
17-39
X47070

FILED AUG 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

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: **Barnes Hospital, 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 DAYS**
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME **DAISEY MARGARET CRAIGMILES**

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 **Married**

6. (b) Name of husband or wife **William Craigmiles** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **December 28 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **9** If less than one day hr. min.

9. Birthplace **Cherryvale Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Edward Briscoe**

13. Birthplace **Pleasant Hill Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Clementine Beasley**

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

16. (a) Informant **Maude Craigmiles**

(b) Address **Pleasant Hill, Ill.**

17. (a) **Removal** (b) Date thereof **8-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd**

19. (a) **AUG 8 - 1948** (b) **J. F. Bredel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ILLINOIS** (b) County **Pike 999**
(c) City or town **PLEASANT HILL 11**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **N.R.** (If rural, give location) **2**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **7**
year **1948** hour **6** minute **40** p.m.

21. I hereby certify that I attended the deceased from **APRIL 27 1948** to **AUGUST 7 1948**
that I last saw her alive on **AUGUST 7 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation** Duration **2-3 mos.**
Due to **Arteriosclerotic Heart Disease** 1 year

Due to **Generalized Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **934** 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?

(Specify type of place) While at work? (2) Means of Injury
23. Signature **Alonza Lewis Farn** (M. D. or other)
Address **Barnes Hospital** Date signed

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

MOTHER FATHER

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 *Justus W. Dantula*

Licensed Embalmer No. *4329*

P. O. Address *Spencer, 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.