

FILED AUG 28 1941 791
Registration District No.

Primary Registration District No. 1003

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

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:
1156 Bayard Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 52 years. /
years, months or days

3. (a) PRINT FULL NAME Nellie Craske

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 Married

6. (b) Name of husband or wife Harry B. Craske

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. 19, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>9</u>	<u>4</u>	hr. _____ min.

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Mike Logan

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

14. Maiden name Bridget Crowley

15. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant H B Cranke

(b) Address 1156 Bayard Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof July 26, 41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Geo B Krogh

(b) Address 1431 Union Blvd.

19. (a) JUL 24 1941
(Date received local registrar)

(b) J F Budock
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
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(a) State Missouri. (b) County _____

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

(d) Street No. 1156 Bayard
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 1 minute 30A M.

21. I hereby certify that I attended the deceased from May 22, 1941, to July 22, 1941;
that I last saw her alive on July 22, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Multipal Carcinoma

Due to _____

Due to Carcinoma of Rectum

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: No operation

Of operations _____

Of autopsy _____

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? _____ (e) Means of injury _____

23. Signature Geo B Krogh (M. D. or other) MD

Address 3442 Geraldine Ave Date signed 7/24/41

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.....

J. Korles

Licensed Embalmer No.....

3880

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.