

Registration District No. **318** Primary Registration District No. **100**

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: Missouri Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

In this community Years

3. (a) PRINT FULL NAME Ione S. Craig

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-12-0626

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. Edwin Craig

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 10 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Litchfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Arch D. Simpson

13. Birthplace Litchfield Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Hoisington

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

16. (a) Informant J. Edwin Craig

(b) Address 6324 Bancroft Ave.

17. (a) Removal (b) Date thereof Apr. 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Litchfield, Illinois

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address: 6464 Chippewa St.

19. (a) APR 7 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 6324 Bancroft
(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 6
year 1947 hour 1 minute 00 PM.

21. I hereby certify that I attended the deceased from Mar 22 1947 to April 6 1947
that I last saw her alive on April 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema

Due to Cause unknown

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

Major findings: Closed loop intestinal obstruction -
4/14/47

Of autopsy Acute pulmonary edema - No other distinct gross lesions

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 Roland Shepper (M. D. or other) _____
Address 4500 Chippewa Date signed 4/7/47

Duration 4 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. R. S. Kieffer
4500 Olive
1 to 3:00 PM

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

Lucas C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broadway

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.