

AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25509

## 1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1008

City St. Louis

(No. 3756 Olive St.

File No.....

Registered No.....

6683

St. .... Ward)

## 2. FULL NAME

Samuel S. Criswell

(a) Residence, No. ....

(Usual place of abode)

3756 Olive

St. ....

19

Ward.....

Length of residence in city or town where death occurred yrs. .... mos. .... ds. ....

How long in U. S., if of foreign birth? yrs. .... mos. .... ds. ....

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Dora Criswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

73

0

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

FATHER

13. NAME

Samuel Creswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

MOTHER

15. MAIDEN NAME

Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dont Know

17. INFORMANT

(ADDRESS)

Elsie Criswell

3756 Olive St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Evansville Ind.

DATE 7-12

1937

19. UNDERTAKER

(ADDRESS)

Arthur J. Donnelly

3840 Lindell Blvd.

20. FILED

JUL 12 1937

J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July - 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 9<sup>th</sup> 1937, to July 11, 1937

I last saw him alive on July 11, 1937. Death is said

to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of the Lungs

Date of onset

not known

Other contributory causes of importance:

Tuberculosis of the Kidney

Date of onset

not known

Name of operation.....

Date of.....

What test confirmed diagnosis? *T. in Sputum* Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Violence* Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify.....

(Signed) *Charles F. Wilson*, M. D.(Address) *3811 Olive Street*

N. B.—Every item of information should be carefully supplied. AGE shown on certificate is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
DENVER, COLORADO

PLANNING GROUP

(100)

CHESAPEAKE

1950

PLANNING GROUP  
CHESAPEAKE  
1950

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