

REC'D FEB 10 1939

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

661
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **of St. Louis** (d) Street No. **2156 Lafayette Ave** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Harry Crissman**

(a) Residence, No. **2156 Lafayette Ave** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Viola**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 26, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 5 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Rooming House Prop.**
9. Industry or business in which work was done, as 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) **Pennsylvania**

FATHER
13. NAME **Unknown**

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

MOTHER
15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. Vibla Crissman**
(ADDRESS) **2156 Lafayette Avenue**

18. BURIAL, CREMATION OR REMOVAL in PLACE **New St. Marcus** DATE **1/23/39**

19. FUNERAL DIRECTOR (NAME) **A. W. McLaughlin**
(ADDRESS) **2301 Lafayette Avenue**

20. FILED **JAN 22 1939**
J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/21/39** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 11, 1935** to **Jan. 21, 1939**
I last saw him alive on **Jan. 20, 1939**. Death is said to have occurred on the date stated above, at **A. A. M.**
The principal cause of death and related causes of importance were as follows:

Bronchial Asthma
Arterio-sclerosis
Date of onset **1917**
1935

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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) **O. E. Lybalk** M. D.
(Address) **421 1st Grand Blvd**

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.....

R. V. Casper

....., Registered Apprentice No.

working under my personal supervision.

Signed *R. V. Casper*

Licensed Embalmer No. *2633*

P. O. Address *2317 Lafayette*

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, above space should be left blank.