No. 2
-1-4-41
5-17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30147

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7486

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days. (Specify whether years, months or days)

In this community 15 Years. 0

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") 20 17

(d) Street No. 2572 Warren St. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Cripps

3. (b) If veteran, name war No.

3. (c) Social Security No. 490-03-2013

4. Sex Male 0

5. Color or race White.

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

6. (b) Name of husband or wife Leona Cripps

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 24 1903. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	5	22	hr. min.

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

10. Usual occupation Press Feeder.

11. Industry or business W. R. Warner & Co.

FATHER 12. Name Manuel P Cripps.

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

MOTHER 14. Maiden name Mathilda J. Wyatt.

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

16. (a) Informant Leona Cripps.

(b) Address 2572 Warren St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-41. (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Illinois

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 16 1941 (Date received local registrar) (b) J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1941 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from 11. 9. 1939 to 9.16 1941 that I last saw him alive on 9.16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cyanosis — Duration 2 hrs

Due to Hemorrhage from nasal & buccal mucous membranes

Due to Hypertensive Cardio renal vascular disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (e) Means of injury

23. Signature Chas. Jost (M. D. or other) M.D.

Address 3500 N. Grand Date signed 9.16.41

(Licensed Embalmer's Statement on Reverse Side)

C. Ba ... Fra 4474 1 P.M.

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.