. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11919

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 693

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2528 Gass ave 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2528 Gass ave 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CRASSUS L. CRIGLER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Effie CRIGLER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept (Month) 12 (Day) 1877 (Year)

8. AGE: Years 64 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Monroe, Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation PLASTER CONTRACTOR

11. Industry or business

FATHER
12. Name James Lovell Crigler
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SUSAN MAYFIELD
15. Birthplace LeBanon (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Effie Crigler
(b) Address 2528 Gass Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Baumann Brothers
(b) Address 250 N Woodson Overland Mo

19. (a) MAR 26 1942 (Date received local registrar) (b) E G McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1942 hour 6:15 minute P.M.

21. I hereby certify that I attended the deceased from April 1940 to March 23 1942 that I last saw him alive on March 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Acute Nephritic Condition

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Dr. J. F. Snyder (M. D. or other)
Address 2573 Woodson Rd. Date signed

704 (Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Me

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.