

JAN 21 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

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

(c) Name of hospital or institution:
817 N. Compton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **About 30 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edward Cristol**

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

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **Colored**

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

6. (b) Name of husband or wife **Georgia Cristol**

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

7. Birth date of deceased: **Not Known**
(Month) (Day) (Year)

8. AGE: Years **About 61** Months Days If less than one day hr. min.

9. Birthplace **Hot Springs Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER {

12. Name **Jim Cristol**

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

14. Maiden name **Not Known**

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

16. (a) Informant **Georgia Cristol**

(b) Address **817 North Compton Ave.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Jan 16 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **A. L. Beal Und Co**

(b) Address **2726 Lucas Ave.**

19. (a) **JAN 16 1943** (Date received local registrar)

J. J. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **St. Louis, Mo.** (b) County **000**

(c) City or town **St. Louis, Mo.** **21/9**
(If outside city or town limits, write "RURAL")

(d) Street No. **817 North Compton Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **13**
year **1943** hour **about 8** minute **4** M.

21. I hereby certify that I attended the deceased from **12-6-42**
19 to **1-13-43** 19 **43**
that I last saw him alive on **1-13-43** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Mental Sweeping**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature **J. W. Welkner** (M. D. or other)

Address **3700 Freeman** Date signed **1-16-43**

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 Clark Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.