

7. S. No. 2  
00M--2-43  
Rev. 5-17-41  
1 X 500

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29213

State File No. \_\_\_\_\_

FILED SEP 8 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 321

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: Mo. State Hospital No. 42  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 yrs. 2 mos.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EDWARD CROISSANT

3. (b) If veteran, name war Unknown

3. (c) Social Security No. No

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased About 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>About 64</u>			_____ hr. _____ min.

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

10. Usual occupation Artist paper roller

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

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

(b) Date thereof 8-28-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory, St. Louis, Mo.

18. (a) Signature of funeral director Wacker & Helderle Undertakers  
(Specify type of place)

(b) Address 3634 Gravois, St. Louis, Mo.  
(c) Means of injury \_\_\_\_\_

19. (a) Aug 20 1943 (b) Byrdie Buhmeister  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25,  
year 1943 hour 5 minute 50P. M.

21. I hereby certify that I attended the deceased from June 10, 1943 to August 25, 1943,  
that I last saw him alive on August 25, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral sclerosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arterio Sclerosis  
(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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD  
Address [Address] Date signed 8-27-43

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

74  
0  
0

143

RECEIVED

District Health Officer No. 4  
District File Number 943-2652  
Date Filed 9-7-83

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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 Robert C. White

Licensed Embalmer No. 2178

P. O. Address St. Louis Mo.

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.