

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. **3955**

Registration District No. **377**

Primary Registration District No. **3069**

Registrar's No. **72**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6552 Clayton Rd.
(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 MO. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 6552 Clayton Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Gertrude Crigler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late W. Wm. F. Crigler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 8th 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 26 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Schroeder
13. Birthplace Clinton Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Hereford
15. Birthplace Marietta Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar M. Crigler
(b) Address 6552 Clayton Rd.

17. (a) Removal (b) Date thereof 1-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nevada Missouri

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. & Concordia Lane

19. (a) 1-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1946 hour 5:10 minute _____ A.M. _____ M.

21. I hereby certify that I attended the deceased from Oct. 4, 1945, to Jan. 4th, 1946, that I last saw her alive on Jan. 3rd, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days
Due to Chronic Glomerulonephritis 4 yrs.

Due to 131W
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 injury) _____
While at work? John King (c) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address 6552 Clayton Rd. Date signed 1/5/46

Bellevue Grove, Mo

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

1997

76
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DR. V. King
671 E. Big Bend Rd.
Re. 6117

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.....
.....
Licensed Embalmer No.....
P. O. Address.....

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.