S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17497 4760

Registrar's No.

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 Enro te City Hosp. #1
~~2714 St. Vincent~~
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2714 St. Vincent
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Elmer R. Crist
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased March (Month) 11 (Day) 1897 (Year)

8. AGE: Years 51 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Danville, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Resturant Worker
11. Industry or business
FATHER
12. Name Jacob Crist
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isaphine Ramsey
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Susan Crist
(b) Address 2714 St. Vincent
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director C. Hoffmeister U&L Co
(b) Address 7814 South Broadway
19. (a) MAY 24 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour 6:52 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging; when deceased was found hanging by the neck from an electric light cord tied to the cross-beam of the doorway, between kitchen and bedroom at his home, 2714 St. Vincent Av. on May 23, 1948, about 6:52 P.M. SUICIDE WHILE SUFFERING FROM TEMPORARY MENTAL ABERRATION.

Duration

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 5-23-1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury see above

23. Signature Alfred J. Perry (Signature of coroner or other)
Address Deputy Coroner Date signed 5-24-48

Jefferson City Printing Co.

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.