

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3744
 Do not use this space.

DEC'D FEB 27 1939

1. PLACE OF DEATH

(a) County Ste. Genevieve Registration District No. 780
 (b) Township Ste. Genevieve Primary Registration District No. 6025 Registered No. 1
 (c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME CHARLES D CRITHER

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Otte
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1865
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 5 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wernigton Missouri

FATHER 13. NAME John Critcher

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rosalie Huber

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry Valle Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve Mo DATE Jan 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ree L. Bagley Ste. Genevieve Mo

20. FILED Jan 11 1939 T.W. Douglas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1939
 22. I HEREBY CERTIFY that I attended deceased from Jan 3 1939 to Jan 9 1939
 Last saw him alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Cardiac Infarct
 Date of onset _____
 Other contributory causes of importance: 107 W
Arterio Sclerosis 6 days

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. G. Clapp, M. D.
 (Address) St. Genevieve Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Leo C. Basler

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Leo C. Basler

Licensed Embalmer No.....

1985

P. O. Address.....

Ste. Luceville 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, above space should be left blank.