

MAY 15 1940 791  
Registration District No.

Primary Registration District No. 1003

Registrar's No. 3032

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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:  
City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos. 19 days  
(Specify whether  
In this community 70 years.  
years, months or days)

3. (a) PRINT FULL NAME DELIA CRISS 620

8. (b) If veteran, name war NO 8. (c) Social Security No. unknown

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Widow</u>
6. (b) Name of husband or wife <u>Douglas Criss</u>		6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased <u>October 2 1863</u> (Month) (Day) (Year)		

8. AGE: Years <u>76</u>	Months <u>5</u>	Days <u>29</u>	If less than one day hr. _____ min. _____
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9. Birthplace Pike County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 7/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address 2825 N. Grand Blvd.

19. (a) APR 1 1940 (b) [Signature]  
(Date received local registrar) (Registrar's Signature)

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. 5032 Emerson Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st  
year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 13, 1940  
Jan. 13, 1940 to March 31, 1940  
that I last saw her alive on March 31st, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
1-40-x

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: [Signature]  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal St Date signed \_\_\_\_\_

WHILE FLAINTIFFS USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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 Ray W. Wilkinson  
Licensed Embalmer No. 3575

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, above space should be left blank.**