

No. 2  
4-13-40  
-17-39  
I X23159

Filed APR 21 1941

Registration District No. **7917** Primary Registration District No. **1003**

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

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:  
Park Lane Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months  
(Specify whether years, months or days)

In this community 27 years

3. (a) PRINT FULL NAME Edward F. Crissey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emilie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 27, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>21</u>	hr. min.

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

10. Usual occupation Retired

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

12. Name Samuel Crissey

13. Birthplace Unknown / Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Stille

15. Birthplace Unknown / Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Emilie Crissey

(b) Address 3918a Wyoming St.

17. (a) Burial (b) Date thereof 3/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker - Welden

(b) Address 2331 S. Broadway

19. (a) MAR 19 1941 (b) J. W. Wedek  
(Date received 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. 3918a Wyoming  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17  
year 1941 hour 3 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1939 to March 17, 1941  
that I last saw him alive on March 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Generalized Carcinomatous

Due to adenocarcinoma of prostate 3 yrs

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

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

Major findings: Ca of prostate

Of operations \_\_\_\_\_

Of autopsy none

Duration

2 yrs

3 yrs

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 Alexander J. Lottis (M. D. or other) \_\_\_\_\_

Address 462 N. Taylor Date signed 3/18/41

**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. Wheeler*

Licensed Embalmer No.....

*2128*

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.**