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0M—2-43
y. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15988

FILED MAY 27 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4584

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

1. PLACE OF DEATH:

(a) County: St. Louis, Mo

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL 0

(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 DEACESED:

(a) State: Illinois (b) County: Wayne 999

(c) City or town: Cisne (If outside city or town limits, write "RURAL") N.R.

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT FULL NAME: Edna Myrtl Crippin

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: Married

6. (b) Name of husband or wife: Warren D. Crippin

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: May (Month) 5th (Day) 1892 (Year)

8. AGE: Years 51 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Jonah G. Cisne

13. Birthplace: Cisne (City, town, or county) Illinois (State or foreign country)

MOTHER 14. Maiden name: Myrtle L. Murphy

15. Birthplace: Cisne (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Warren D. Crippin

(b) Address: Cisne, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Cisne, Illinois

18. (a) Signature of funeral director: Albert H. Hoppe Inc.

(b) Address: 4700 Washington Blvd.

19. (a) MAY 17 1943 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1943 hour 6:30 minute a. M.

21. I hereby certify that I attended the deceased from May 6 1943, to May 16, 1943 that I last saw her alive on May 16, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Hypertensive cardio vascular disease (chronic)	
Due to:	
Other conditions: Hydrothorax-Rt, Hypertensive encephalopathy (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 place)

While at work? (e) Means of injury

23. Signature: J. F. Bradley (M. D. coroner)

Address: BARNES HOSPITAL Date signed

(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.....G. 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, fact should be so stated above.