

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33001

State File No.

Registrar's No.

8936

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 0
 (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:
Pronounced dead at City Hospital
 (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)

3. (a) PRINT FULL NAME John J. Crinnion

3. (b) If veteran, name war Spanish Amer. War 3. (c) Social Security number _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 24th 1879
 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Clerk (retired)

11. Industry or business

MOTHER FATHER { 12. Name John Crinnion
 13. Birthplace Brooklyn N.Y. (City, town, or county) (State or foreign country) 1
 14. Maiden name Catherine Hunt
 15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Nellie Lively
 (b) Address 3722 Hebert St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 N. Euclid Ave.

19. (a) OCT 10 1943 (Date received local registration) J. F. Medlock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St Louis (If outside city or town limits, write "RURAL") 7/10
 (d) Street No. 3722 Hebert St. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th year 1943 hour 1:00 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from Sept 1st to Oct 9th 1943 and that death occurred on the date and hour stated above. Oct 6th 1943

Immediate cause of death Myocarditis Duration 3-400

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/2

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? _____

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

23. Signature W. J. ... (M. D. or D. O.) 0
 Address 3705-4th Street Date signed 9/14/43

Dr Wm FARRIS

~~30~~ 3508 N Grand

JE 0191

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 Albert Mayfield

Licensed Embalmer No. 3077

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.