S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42382

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2858

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ hrs. (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. 21 Elm Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wilber Crispin

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Hoffmann
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 5 (Month) - 17 (Day) - 68 (Year)

8. AGE: Years 77 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Jacksonville (City, town, or county) Ill. (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Albert Crispin
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bara Clow
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Daughter - Florence Tucker
(b) Address 21 Elm, Glendale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Nat Cem Jefferson Bks
18. (a) Signature of funeral director Jay B. Spitta
(b) Address 7456 Manchester
19. (a) 12-18-45 (Date received local registrar) (b) E. G. McGarrow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14 year 1945 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 12-14, 1945 to 12-14, 1945 that I last saw him alive on 12-14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

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) Accident
(b) Date of occurrence 12-14-45
(c) Where did injury occur? Glendale (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hy. (Specify type of place)
While at work? NO (e) Means of injury Struck by Auto

23. Signature Donald O. Burst (M. D. or other) 14 D
Address 601 Brentwood Date signed 12-15

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1946

FEB 18 1946

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 3454 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.