

DEPARTMENT OF COMMERCE --- THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**STANDARD CERTIFICATE OF DEATH**

**FILED** FEB 13 1946  
318

State File No. 214  
1078  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Laclede <sup>53</sup>  
(c) City or town Brownfield <sup>0</sup>  
(If outside city or town limits, write "RURAL") NR0  
(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>1</sup>  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr Abe Crismon  
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 30<sup>th</sup>  
year 1946 hour 11 minute P. M.  
21. I hereby certify that I attended the deceased from January 29 1946 to January 30 1946  
that I last saw him alive on January 30 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Vernona Crismon 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased August 24 - 1907  
(Month) (Day) (Year)

Immediate cause of death: Subarachnoid hemorrhage Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
38 5 6 hr. \_\_\_\_\_ min.

Due to Hypertensive cardiovascular disease  
Due to \_\_\_\_\_

9. Birthplace Unknown Texas Co, Missouri  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)  
93

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Ben Crismon  
13. Birthplace Unknown Marie Co, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Alice Sutton  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations \_\_\_\_\_  
Of autopsy As above

16. (a) Informant Arthur Brown  
(b) Address 5215 Cote Brillante  
17. (a) Burial (b) Date thereof 2-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lebanon, Missouri

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 \_\_\_\_\_

18. (a) Signature of funeral director: Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) JAN 31 1946 J. F. Bredeah  
(Date received local registrar) (Registrar's signature)

23. Signature FR Bradley (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 1/31/46

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

MOTHER FATHER

MAR 22 1946

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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..... *Henry M. Brannan* .....

Licensed Embalmer No..... *4200* .....

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.**