

FILED MAY 20 1946

STANDARD CERTIFICATE OF DEATH

State File No. **18025**
Registrar's No. **1049**

Registration District No. **317**

Primary Registration District No. **6026**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 4/6/46**
(Specify whether
In this community **57 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Montgomery**
(c) City or town **Hillsboro**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route # 2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **CRISWELL, Earl F.**

3. (b) If veteran, name war **World I** 3. (c) Social Security No. **712185692**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **8** years

7. Birth date of deceased. **November 8 1888**
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **6** If less than one day
hr. min.

9. Birthplace. **Hillsboro, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Express Agent**

11. Industry or business.....

MOTHER FATHER

12. Name. **George R. Griswell**

13. Birthplace **Gordonsville, Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Lillie Page**

15. Birthplace **Lewisburg, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clinical Clerk, Vet. Adm. Hosp.**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date there **May 16 - 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillsboro, Ill.**

18. (a) Signature of funeral director **O. E. BASS Fun. Home**

(b) Address **Hillsboro, Illinois**

19. (a) **A-14-46** (b) **E. D. Mc Davison**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1946** hour **6:35** minute **A** M.

21. I hereby certify that I attended the deceased from **4/6/46**, 19... to **5/14/46**, 19...
that I last saw him alive on **May 14**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF STOMACH** Duration **UNK**

Due to **46 6**

Due to.....

Other conditions **MULTIPLE METASTASES** **UNK**
(Include pregnancy within 3 months of death)

Major findings: Of operations **No Operation** **PHYSICIAN**

Of autopsy **No Autopsy** 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) **No**

(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 plane) Means of injury.....

23. Signature **L. E. STUBBS, M.D.** (M. D. or other)

Address **Vet. Adm. Hosp, Jeff. Brks., Mo.** Date signed **5/14/46**

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

JUL 23 1945

JUL 5 1945

JUL 24 1945

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 O. C. Baw

Licensed Embalmer No. 2675

P. O. Address Nellford, Ill.

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.