V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10703

Registrar's No. 3559

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: ST JOHNS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WKS. (Specify whether
In this community 2 WKS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILLIONIS (b) County WAYNE

(c) City or town FAIRFIELD 11
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Crippen, RACHEL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband ~~or wife~~ EARLE

6. (c) Age of husband ~~or wife~~ if alive 58 years

7. Birth date of deceased NOV (Month) 15 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	16	hr. min.

9. Birthplace PORTLAND MILLS, (City, town, or county) PENN. 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name GEO. ROGERS
13. Birthplace — (City, town, or county) PENN. 1 (State or foreign country)

MOTHER
14. Maiden name ANN MOORE
15. Birthplace — (City, town, or county) PENN 1 (State or foreign country)

16. (a) Informant MR EARLE CRIPPEN
(b) Address FAIRFIELD, ILL.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRFIELD, ILL.

18. (a) Signature of funeral director ROWLAND MORTUARY SER.
(b) Address 4355 WASHINGTON AV.

19. (a) APR 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3/31/47 day
year hour 10 minute a M.

21. I hereby certify that I attended the deceased from 3/15/47, 19 to 3/31/47, 19;
that I last saw her alive on 3/30/47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca lung	3 years
Due to Ca Heart	1 year
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

50

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 10

23. Signature [signature] (M. D. or other) Med
Address Hirschhorn Bldg Date signed 3/31/47

(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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address 4355 Washington Av.

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.