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FILED OCT 18 1948

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State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 24 years
years, months or days)

3: (a) PRINT FULL NAME Edward A. Cripps

3. (b) If veteran, name war None 3. (c) Social Security No. 489-10-7205

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

6. (b) Name of husband or wife Ivor Cripps 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 23 1905
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business Samuels Shoe Co.

12. Name Manuel Cripps

13. Birthplace Unk. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Matilda J. White

15. Birthplace Unk. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edw. A. Cripps

(b) Address 3612 N 19 Street

17. (a) Burial (b) Date thereof 10/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove, Illinois

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 N. 20 Street

19. (a) OCT 6 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3612 N. 19 Street
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1948 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept 24, 1948 to Oct. 5, 1948;
that I last saw him alive on Oct. 5, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Bremia
Pyelo-nephritis, chronic
Pyelo-nephritis acute
Due to non-calculous
Due to _____

Duration
14ds +
?
weeks
2-3

Other conditions (Include pregnancy within 3 months of death)

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 Thurday Saly (M. D. or other) _____
Address 4500 Olive Date signed 10/6/48

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

MOTHER FATHER

[Handwritten signature]

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

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.