

No. 300
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41375**

FILED JAN 11 1949

318

Registration District No.

1003

Registrar's No. **11220**

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:
3987 Sarpy Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County over 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3987 Sarpy Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA CRIBBIN
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 26
year 1948 hour 7:07 minute _____ P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Divorce
6. (b) Name of husband or wife Matthew T.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 27 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-26 1948 to 12-26 1948
that I last saw her alive on 12-15 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 1 29 hr. _____ min.

Immediate cause of death Cocaine
Due to _____
Due to _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Henry Forster
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Jane Thompson
15. Birthplace England
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jeanette Schaefer
(b) Address 3981 Sarpy Ave.
17. (a) Burial (b) Date thereof 12 29 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

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? _____

18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) DEC 27 1948 J. B. Pasater
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Carl J. Miller (M. D. or other) _____
Address Dumboldt 1344 Date signed 12-27-48

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

MOTHER FATHER

Mr. Oberling 1-7

1

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 Richard W. Stovesand
Licensed Embalmer No. 4007
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.