

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26364

State File No.

FILED JUL 31 1953

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6742

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>East St. Louis Ill.</i>	
c. LENGTH OF STAY (In this place) <i>2 days</i>		d. STREET ADDRESS (If rural, give location) <i>1832 Ham Ave #120</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Peoples Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Alice</i>	b. (Middle) <i>M. Crigger</i>	c. (Last) <i>Harry</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 5, 1953</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 14, 1927</i>	9. AGE (In years last birthday) <i>26</i>	10. MONTHS <i>3</i>	11. DAYS <i>9</i>	12. HOURS <i></i>	13. MIN. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
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13a. FATHER'S NAME <i>Osil Crigger</i>	13b. MOTHER'S MAIDEN NAME <i>Bertrude Davis</i>	14. NAME OF HUSBAND OR WIFE <i>William Harry</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	(If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Clarida William</i>	ADDRESS <i>1832 Ham Ave.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cholic Peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Post Abortal Typhoid</i>		<i>14 days</i>
	DUE TO (c) <i></i>		<i></i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>651.0</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *6/26, 1953* to *7/5, 1953*, that I last saw the deceased alive on *7/4, 1953*, and that death occurred at *11:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>1324 No. Ave, S.L.</i>	23c. DATE SIGNED <i>7/5/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i></i>	24b. DATE <i>July 7, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>East St. Louis Ill.</i>	24d. LOCATION (City, town, or county) (State) <i>East St. Louis Ill.</i>
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DATE REC'D BY LOCAL REG. <i>JUL 7 1953</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>103 W. Broadway Ave. East St. Louis Ill.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Bern H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Harris, 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.