

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6324

FILED MAR 5 1956

State File No. ....

Registrar's No. 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>ST. LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>23 1831 VICTOR</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Larry</b> b. (Middle) c. (Last) <b>Cribbin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 22, 1956</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 11 1877</b>	9. AGE (In years) (Last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AMERICAN CAR CO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>IRELAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>	

13a. FATHER'S NAME <b>PETER CRIBBIN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MULHALL</b>	14. NAME OF HUSBAND OR WIFE <b>ANN CRIBBIN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>490-01-0819</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ANN CRIBBIN 1831 VICTOR</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION? I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Duodenal Ulcer + Hemorrhage (duodenal ulcer with hemorrhage)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	II. OTHER SIGNIFICANT CONDITIONS <b>Bell's palsy on the right</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Bell's Palsy on the Right - yrs.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5410</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **2-20-56**, 19\_\_\_, to **2-22-56**, 19\_\_\_, that I last saw the deceased alive on **2-22-56**, 19\_\_\_, and that death occurred at **9:10p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John F. Cribbin</b> (Degree or title)	23b. ADDRESS <b>M.D. 1515 Lafayette</b>	23c. DATE SIGNED <b>2-23-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Feb. 27 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
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DATE REC'D BY LOCAL REG. <b>FEB 24 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kute 2906 Gravois</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Geo J. Budd*

Licensed Embalmer No... 398

P. O. Address... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.