

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34916

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **7903** File No. **10315**
 City **St. Louis** (No. **Lutheran Hospital**) St. Ward)

2. FULL NAME

(a) Residence. No. **4435 Miami** St., **16** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Leonard J. Crump**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 2-1910**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 4 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo**

PARENTS
 10. NAME OF FATHER **John Holt**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **England**
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Laura Migrean**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo**
 (STATE OR COUNTRY)

14. INFORMANT **Leonard J. Crump**
 (Address) **4435 Miami St**

15. FILED **31 1930** **Max C. Helderle** REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 28 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 15th**, 19**30**, to **Oct 28th**, 19**30**, that I last saw h.er. alive on **Oct 28**, 19**30**, and that death occurred, on the date stated above, at **5:21 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Suppurative Appendicitis
121 B
117 (duration) yrs. mos. **13** ds.
 CONTRIBUTORY (SECONDARY) **General Suppuration**
Intestine (duration) yrs. mos. **11** ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH **4435 Miami**

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Oct 17th 1930**

WAS THERE AN AUTOPSY? **No**
 WHAT TEST CONFIRMED DIAGNOSIS? **Operation**
 (Signed) **H. J. Crump**, M. D.
107 19**30** (Address) **3803 S. Broadway**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Park Lawn** DATE OF BURIAL **Oct 31 1930**

20. UNDERTAKER **Wacker-Helderle** ADDRESS **2331 S. Bluff**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

