

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.

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

23270  
Do not use this space.

1. PLACE OF DEATH  
(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1008  
(c) City St. Louis, Mo. (d) Street No. ISOLATION, HOSP. Registered No. 5964  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Leroy Crump 651  
(a) Residence, No. 3240 Dix Ave. Overland St. NR Overland Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1935  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 8 29  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation U  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OVERLAND, Mo.  
13. NAME MARVIN Crump  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BONNETERRE, Missouri  
15. MAIDEN NAME FLORENCE REEVES  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DILLARD, Missouri  
17. INFORMANT (ADDRESS) B. BUTTERFORTH, 5600 Arsenal St. St. Louis, Mo.  
18. BURIAL, CREMATION OR REMOVAL PLACE Free Free Cem. DATE 7-4-1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Burgundy Brothers, 2504 Woodson Rd. - Overland, Mo.  
20. FILED JUL 3 1938 J. D. Brediek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938  
22. I HEREBY CERTIFY, That I attended deceased from JUNE 23, 1938, to JULY 2, 1938. I last saw h. i. m. alive on JULY 2, 1938. Death is said to have occurred on the date stated above, at 4:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Diphtheria,  
A. C. Toxic Myocarditis.  
Date of onset 6-18  
Other contributory causes of importance: 10  
Name of operation none Date of       
What test confirmed diagnosis? electron (Was there an autopsy?) no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?      Date of injury     , 19      
Where did injury occur?      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury       
Nature of injury       
24. Was disease or injury in any way related to occupation of deceased?       
If so, specify       
(Signed) Henry J. Glouch M. D.  
(Address) 5600 Arsenal

**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, .....

*Myself*

....., or by .....

Registered Apprentice No....., working under my personal supervision..

Signed.....

*Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

**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, above space should be left blank.**