

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.

Registration District No. 111

Primary Registration District No. 111

Registrar's No. 2181

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 minutes
(Specify whether years, months or days)

In this community years, months or days

3. (a) PRINT FULL NAME SUBIE E Bumpass 512

8. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ewell C. Bumpass

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 12, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>8</u>	<u>28</u>	hr. min.

9. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Jerry Sauson

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wright
(City, town, or county) (State or foreign country)

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ewell C. Bumpass

(b) Address Valley Park, Mo. R. #1

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2/13/39
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Kirkwood, Mo.

18. (a) Signature of funeral director Schneider Funeral Home

(b) Address Ballwin, Mo.

19. (a) DEC 12 1939
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Sulfur Springs Road
(If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1939 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 18, 1939, to Dec 10, 1939;
that I last saw her alive on Dec 10, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Abstructive Ulcer of the Pylorus

Duration years

Due to -

Due to -

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: -
Of operations -

Of autopsy Abstructive Ulcer of Pylorus

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? -
(Specify type of place)

While at work? - (e) Means of injury -

23. Signature Vincent Howard (M. D. or other) MD

Address 3101st Sutton Ave Date signed 12.11.39
[Signature]

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 *Theo. Schader*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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.