

STANDARD CERTIFICATE OF DEATH

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **60019**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3958 Westminister**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edna Crumley**
3. (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 **Divorced**
6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **July 20 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **9** **0** hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Bradley**

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

14. Maiden name **Blumey Revis**

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

16. (a) Informant **Mrs. B. Jeans**

(b) Address **6917 Leedale Dr.**

17. (a) **Burial** (b) Date thereof **4/22/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Bethlehem Cem.**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Ave.**

19. (a) **APR 21 1941** (b) *J. W. Beck*
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**, year **1941** hour **3:45** minute _____ A. M.

21. I hereby certify that I attended the deceased from **April 18, 1941** to **April 20, 1941**, that I last saw her alive on **April 20, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of colon metastatic to lungs**
Intestinal Obstruction

Other conditions: **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____
Of autopsy **as above**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

23. Signature *J. W. Beck* (Specify type of place) (e) Means of injury _____
Address **1515 Lafayette Avenue** Date signed **4/21/41**

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

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7
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MOTHER FATHER

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.....

J. W. Binkley

Licensed Embalmer No.....

3653

P. O. Address.....

St. Louis 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, fact should be so stated above.