

1857  
No. 2  
1-4-41  
17-39  
X26390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16856  
4374  
Registrar's No.

Registration District No. 791 Primary Registration District No. Registrar's No.

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 #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
(Specify whether \_\_\_\_\_)  
In this community 37 YRS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3689 OREGON  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Irvin Crum  
(b) If veteran, name war NO  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24,  
year 1941 hour 4:40 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from May 11, 1941, to May 24, 1941.  
that I last saw him alive on May 24, 1941,  
and that death occurred on the date and hour stated above.

4. Sex MALE (M) 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED!  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased SEPTEMBER-6-1873  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Left Cerebral Hemorrhage 12 days  
Essential Hypertension 5 yrs.  
Generalized Arteriosclerosis 10 yrs.

8. AGE: Years 67 Months 8 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace MT. VERNON / INDIANA  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation CARPENTER  
11. Industry or business \_\_\_\_\_  
12. Name JOHN CRUM  
13. Birthplace UNKNOWN / OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name ESTHER ENGLE  
15. Birthplace PALESTINE / OHIO  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant J. L. Crum  
(b) Address 3639 Oregon Ave St. Louis  
17. (a) BURIAL (b) Date thereof MAY-26-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OAK HILL CEMETERY  
18. (a) Signature of funeral director Parker and Co  
(b) Address W. B. ROSTER GROVES MO.  
19. MAY 26 1941 (Date received local Registrar) (b) J. H. Prederick (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature Rogulsky (M. D. of \_\_\_\_\_)  
Address 1515 Lafayette Avenue Date signed 5/24/41

WRITE PLAINLY—USE 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.....

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

Signed E. S. Aldrich

Licensed Embalmer No. 1382

P. O. Address Webster Grove

**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.**