

S. No. 2
M-5-42
5-17-39
I X3277

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4070
State File No. 1506
Registrar's No.

ED FEB 23 1943 18
Registration District No. 3

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis.
(c) Name of hospital or institution: 1820 Bacon Ave.
(d) Length of stay: In hospital or institution 40 Years.
In this community 40 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County
(c) City or town St. Louis.
(d) Street No. 1820 Bacon Ave.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME James H. Crump.
(b) If veteran, name war No.
(c) Social Security No. None.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February, day 14, year 1943, hour 8 A.M., minute M.
21. I hereby certify that I attended the deceased from 2-4-43 to 2-14-43 that I last saw him alive on 2-13-43 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Elizabeth Crump
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August 23 1866.

Immediate cause of death: *Coronary vascular renal dis*
Due to
Due to
Other conditions:
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
76 5 21 hr. min.

9. Birthplace Jefferson City, Missouri.

10. Usual occupation Hardware Packer.
11. Industry or business Retired.

12. Name Patrick Crump.
13. Birthplace Missouri.
14. Maiden name Elmira Vandervoort.
15. Birthplace Missouri.

16. (a) Informant P. E. Stadler.
(b) Address 911 State St. Chester, Ill.

17. (a) Burial (b) Date thereof 2-17-43.
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) (b) J. F. Brudack (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: Wayne D. Fox (M. D. or other)
Address: 2739 N. Grand Date signed 2-15-43

Dr. [unclear] m 1270.
1-3 P.M.

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address. 2223 So. Main Ave

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.