

FILED MAR 20 1943

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **2402**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Christian Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **2 Weeks**
(Specify whether
 In this community..... **30 Years**
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. **4247 Washington Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **William E. Crume.**

3. (b) If veteran, name war..... **No.** 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Late Rosanna M. Crume** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **September 5 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	6	6hr.min.

9. Birthplace **Lincoln County, Missouri. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stationary Engineer.**

11. Industry or business **St. Lukes Hospital.**

12. Name **William Crume.**

13. Birthplace **Missouri. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Elliottson**

15. Birthplace **Missouri. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **William A. Crume**

(b) Address **26 Patricia Ave Ferguson, Mo.**

17. (a) **Burial** (b) Date thereof **3-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave**

19. (a) **W. J. P. P. P.** (b) **J. J. P. P. P.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**
year **1943** hour **6: A.M.** minute..... M.

21. I hereby certify that I attended the deceased from **Mar 5**
1943 to **Mar 11** 19**43**
that I last saw him alive on **Mar 11** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **delicitation of heart**

Due to **Cancer of lungs**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **Cancer of lungs**

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?.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature **Samuel W. W. W.** (M. D. or other)
Address **7906 N. Howard** Date signed **3/12/43**

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

MOTHER FATHER

Same as before.
2906 - revision
16-130

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 Homer J. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St. Louis 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.