

FILED JUL 8 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5993

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

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:
3721 Carter Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Unknown
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. 3721 Carter Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alva E. Bumb

3. (b) If veteran, name war None

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 Leonard L. Bumb

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October 27, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Unknown Ills. /
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name William P. Layton

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

14. Maiden name Elsie J. Boggs

15. Birthplace Unknown Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard L. Bumb

(b) Address 3721 Carter Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 30 1943 (Date received local registrar) (b) J. F. Prodeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1943 hour 6:13 PM minute _____ M.

21. I hereby certify that I attended the deceased from 11-5-42
6-28 19____ to 6-28 1943

that I last saw him alive on 6-22-43
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer: (bone) (Pelvis)

Due to _____

Due to _____

Other conditions 55
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Russell Glaser (M. D. or other) DO

Address 4032 1/2 N. L'Anant Date signed 6-30-43

Duration
KNOWN
2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.