

3. No. 2
M-5-43
5-17-39
I X36671

FILED AUG 30 1946

STANDARD CERTIFICATE OF DEATH

1003

State File No. _____

Registrar's No. **7038**

Registration District No. _____ Primary Registration District No. _____

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:
Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 months**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Cass** **999**
(c) City or town **Virginia**
(If outside city or town limits, write "RURAL") **1.R. 02**
(d) Street No. **551 So. Cass St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **Arthur E. Crum**

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

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nina S. Crum** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **May 4 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 7 hr. min.

9. Birthplace **Virginia Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Marques Crum**
13. Birthplace **Cass Co. Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary F. Stubblefield**
15. Birthplace **Bloomington Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin McDonald**
(b) Address **Virginia, Illinois.**

17. (a) **Removal** (b) Date thereof **8-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Virginia, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **AUG 12 1946** (b) **J. T. Brudeck**
(Date filed for local permit) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**
year **1946** hour **11** minute **00** A. M.

21. I hereby certify that I attended the deceased from
March 12, 1946 to **August 11, 1946**;
that I last saw h. im. alive on **August 11, 1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of right kidney**
with metastasis to spine and ribs *Duration*

Due to _____

Due to _____

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

Major findings:
Of operations: _____

Of autopsy **As above**

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 **0**

23. Signature **F. R. Bradley** (M. D. REQUIRED)

Address **Barnes Hospital** Date signed **8/11/46**

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.....

W. W. Wilkinson

Licensed Embalmer No..... *3575*.....

P. O. Address:.....

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.