

Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 302 Lee Av
(If rural, give location) NRI
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Effie Mae Crump

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Crump 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov. 9 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name (Unknown) Carpenter
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Adeline Lambert

(b) Address Festus Mo

17. (a) Burial (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Mo

18. (a) Signature of funeral director Fin K Lind Co.

(b) Address Festus Mo

19. (a) SEP 25 1946 (b) J. F. Bredeek
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1946 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from August 25 1946 to Sept. 24 1946
that I last saw her alive on Sept. 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Duration _____

Due to Primary in cervix

Due to _____

Other conditions H8
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 J. F. Bredeek M.D. or other _____

Address 4930 Lindell, St. Louis, Mo Date signed 9/25/46

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

NOV. 20 1946

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

Eleanora Province

Licensed Embalmer No.

2403

P. O. Address

Deshes 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.