

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5900

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 605 L		Registrar's No. 70		
1. PLACE OF DEATH a. COUNTY ST. CHARLES 5				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES RURAL		c. LENGTH OF STAY (In this place) 14 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FLORISSANT 4000		d. STREET ADDRESS (If rural, give location) ROUTE 1.		
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME								
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) ELIZABETH c. (Last) BUMB			4. DATE OF DEATH (Month) (Day) (Year) MARCH 10, 1955					
5. SEX WHITE /	6. COLOR OR RACE FEMALE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH APRIL 8, 1936		9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 11 Days 21	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME CLARENCE J. BUMB			13b. MOTHER'S MAIDEN NAME FRANCIS MARIAN LONG		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thompson Stalvey, St. Charles, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy - mental deficiency					1942	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493 X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Oct 19 54 to March 10 55 , that I last saw the deceased alive on March 8, 1955 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William H. Boyer, M.D.				23b. ADDRESS 200 E. St. Charles		23c. DATE SIGNED 3-11-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Emmaus Cem.		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			
DATE REC'D BY LOCAL REG. March 12 1955		REGISTRAR'S SIGNATURE Francine Hammett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Baul, St. Charles, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lawrence M. Wilts

Licensed Embalmer No. 4375

P. O. Address St. Charles 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.