

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 3 0 1959

59-041719

STATE FILE NUMBER

210287

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>4015 N. 20th</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>CLAUDE L CRUM</i>				4. DATE OF DEATH Month Day Year <i>11-8-1959</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-18-1923</i>	9. AGE (last birthday) <i>36</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cable Splicer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>S.W. Bell Tele Co</i>		11. BIRTHPLACE (City and state or country) <i>Sedalia, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Clarence Crum</i>			13b. MOTHER'S MAIDEN NAME <i>Lena Morrison</i>			14. NAME OF HUSBAND OR WIFE <i>Rose Crum</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes W.W. #2</i>			16. SOCIAL SECURITY NO. <i>487-20-0001</i>		17. INFORMANT Address <i>Rose Crum - 4015 N. 20th</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Neuroshock caused by stab wounds in the left breast and the left abdomen. The spleen and the kidneys were both punctured as well.</i> DUE TO (b) <i>stabbed</i> DUE TO (c) <i>stabbed</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the disease condition given in PART I (a) <i>stabbed with knife in hands</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>982X West 11th Street, St. Louis, Mo</i>						
20c. TIME OF INJURY Hour <i>11:45</i> p.m. Month, Day, Year <i>11 7 1959</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>							
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	COUNTY	STATE					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ <i>1130 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Edw Koch</i>				22b. ADDRESS <i>300 Clark</i>			22c. DATE SIGNED <i>11/9/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>11-12-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>			23d. LOCATION (City, town, or county) <i>St. Louis County, Mo</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Edward Koch &amp; Son - 3516 N. 14th</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 9 1959</i>		26. REGISTRAR'S SIGNATURE <i>Edw Koch</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P

0961 7 2 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *V E Morris*

Licensed Embalmer No. 336

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.