N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space 2536

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. F 86

Township ..... Primary Registration District No. 1003 Registered No. 1 86

City St Louis Mo. (No. Mo. Baptist Sanitarium St. ..... Ward)

2. FULL NAME Alfred Crump

(a) Residence. No. 1051 Hancock Sanitarium Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word): infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2 - 1928

7. AGE: Years — Months — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Alfred Crump
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER May Sneed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Alfred Crump
(Address) 6551 Hancock Av.

15. FILED JAN - 3 1928 Mark Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 2, 1928, that I last saw him alive on Jan 2, 1928, and that death occurred, on the date stated above, at 9:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
159
161 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E B Mayfield, M. D
Jan 2, 1928 (Address) No. 12 Lewis Pl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Pickers Cem. DATE OF BURIAL: Jan 3 1928

20. UNDERTAKER: E. J. Schmur ADDRESS: 3125 Lafayette Av.