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

Do not use this space.

791
1003

42889

File No.
Registered No. 12158

1. PLACE OF DEATH

County
Township
City St. Louis City (No.) Hosp. 500 S. Kingshighway St. (St.) St. Louis Mo. (Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Margaret Crumpp

(a) Residence. No. 5854 Forman St. 6 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-13-1928

7. AGE: Years —; Months 11; Days —; If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — 896
(b) General nature of industry, business, or establishment in which employed (or employer) — 1076
(c) Name of employer — 1046

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTY)

PARENTS

10. NAME OF FATHER E. E. Crumpp.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTY) Mo.
12. MAIDEN NAME OF MOTHER Ethuriee Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTY)

14. INFORMANT L. Kerlike
(Address) 500 S. Kingshighway

15. FILED ..., 1928 Mary A. Torsen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

H

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/13/1928

17. I HEREBY CERTIFY, That I attended deceased from 8-18-, 1928, to 12-13-, 1928 that I last saw h. alive on 12/13/, 1928, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia (secondary)
Acute Rhino-pharyngitis
non Diphtheritic
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Mastoiditis
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-8-28 10-27-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? phy. exam. & laboratory
(Signed) George L. Fetter, M. D.
12-13, 1928 (Address) St. Louis Children's Hosp.

*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 Calvary — DATE OF BURIAL Dec 14 1928

20. UNDERTAKER Elbert F. Stuart — ADDRESS 5525 Easton

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD