

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

33590

Registrar's No.

8287

Registration District No. 791  
Date of death 1940

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary Infirmary Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community 1 year years, months or days)

8. (a) PRINT FULL NAME Cornelius Crump8. (b) If veteran, name war no 3. (c) Social Security No. no.4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife 565 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Aug. 25, 1939  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
I I 8 hr. min.9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

12. Name Richard Crump13. Birthplace Okl.  
(City, town, or county) (State or foreign country)14. Maiden name Naomi Foster15. Birthplace Denver Col.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Naomi Crump(b) Address 419 So. Jefferson Ave.17. (a) \_\_\_\_\_ (b) Date thereof Oct. 5, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park Cem.18. (a) Signature of funeral director Wright's Funeral Home.(b) Address 3100 Easton Ave19. OCT 5 1940 (b) J. F. Braddock  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 419 So. Jefferson Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3  
year 1940 hour 4 Am minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Sept 28  
1940 to Oct 3, 1940;  
that I last saw him alive on Oct 3, 1940, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

\_\_\_\_\_ Tuberculous pneumonia 6 days  
Due to cause not known

Due to \_\_\_\_\_

Other conditions none.  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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. Braddock (M. D. or other) M.D.Address 4330 Easton Date signed 10/14/40

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.....

William C. McDowell, Registered Apprentice No. ....  
working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

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, above space should be left blank.