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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12665

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3095

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community 25 years
years, months or days

3. (a) PRINT FULL NAME Mathew Crump

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown - abt. 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>abt. 77</u>			hr. min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Jackson

(b) Address 2809 E. Easton Ave

17. (a) Burial (b) Date thereof 4-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director M. McDowell

(b) Address 1711 N. Taylor Ave.

19. (a) APR - 9 1941 (b) J. M. [Signature]
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2322 Division
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1941 hour 12:40 minute A. M.

21. I hereby certify that I attended the deceased from April 1, 1941, to April 6, 1941, that I last saw him alive on April 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Duration 15-18 months

Due to _____

Due to _____

Other conditions AK
(Include pregnancy within 3 months of death)

Major findings: AK

Of operations _____

Of autopsy AK

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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) (c) Means of injury

23. Signature Edith [Signature] (b) _____
Address 2601 N. Whittier Date signed _____

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

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.....

....., Registered Apprentice No.....
working under my personal supervision.

not embalmed

Signed.....

Licensed Embalmer No:.....

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, fact should be so stated above.