

1. PLACE OF DEATH:
 (a) County St Louis Mo.
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1327 a Rear Blair Ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eugenia Crump
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 10th 1871
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Town Creek Ala
 (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Velma Henderson
 (b) Address 1327 a Rear Blair Ave

17. (a) Burial (b) Date thereof: 4-27-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Ellis Fun, Home

18. (a) Signature of funeral director Ellis Fun, Home
 (b) Address 2820 Stoddard St

19. (a) APR 24 1944 (b) J. F. Proctor (c) _____
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 1327 a Rear Blair Ave (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
 year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 19th 1944 to April 20th 1944
 that I last saw h. u alive on April 20th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis
 Duration _____

Due to: Ch. myocarditis

Due to: _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: 93
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 _____

Signature: J. F. Proctor (M. D. or other) _____
 Address: 823 N. 16th St Date signed: 4/21/44

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

MOTHER FATHER

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

Signed Lennie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo.

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.