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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22570

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6368

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: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 172
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 Dillon Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Galen Shrum

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 21 (Day) 1941 (Year)

8. AGE: Years 3 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Flora (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Robert C. Shrum
13. Birthplace Bloomfield (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Effie J. Hilton
15. Birthplace Oran (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Robert Shrum
(b) Address 1220 Dillon Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Flora, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 23 1945 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1945 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Crushed Abdomen and Crushed Chest with Fracture of Both Femurs and Thoracic Hemorrhage

Due to: when he was struck by a bus, driven by one Lytle Bradford Cunningham in front of 1136 Gratiot Street Ground 5.15 P.M.

Duration

Other conditions (Include pregnancy within 3 months of death) July 20 1945 C-8

Major findings:
Of operations 170
Of autopsy 71

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) Accident
(b) Date of occurrence July 20 1945 5.50
(c) Where did injury occur? St. Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work? (e) Means of injury Bus

23. Signature Patrick T. Taylor (M. D. or other)
Address Deputy Coroner Date signed 7-23-45

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

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.