No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10706

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2413

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 3 days (Specify whether
In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2 1000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 916 N Garrison 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Joe Crummie (Rev.)

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Julia Mae

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

7. Birth date of deceased March (Month) 24 (Day) 1905 (Year)

8. AGE: Years 42 Months 0 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace McAllister (City, town, or county) Okla. (State or foreign country) 1

10. Usual occupation Minister

11. Industry or business ---

MOTHER FATHER

12. Name John Crummie

13. Birthplace Unknown (City, town, or county) La. (State or foreign country) 1

14. Maiden name Nellie Williams

15. Birthplace Unknown (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Julia Mae Crummie

(b) Address 916a N. Garrison Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAR 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26 year 1947 hour 3 minute 18 A M.

21. I hereby certify that I attended the deceased from 3-23, 1947 to 3-26, 1947; that I last saw him alive on Mar. 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured Esophageal Varices	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....

Of autopsy No

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Edw. G. Williams (M. D. or other)

Address 2601 N Whittier Date signed 3/26/47

(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 John K. Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.