No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6238

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1976

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 25 hours (Specify whether years, months or days)
In this community

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. 4131 Evans (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lafayette Crump
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 15 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	10	hr. min.

9. Birthplace Florence (City, town, or county) Ala. (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Walter Crump
13. Birthplace New Jersey (City, town, or country) (State or foreign country)
14. Maiden name Helen Archie
15. Birthplace Va. (City, town, or county) (State or foreign country)
16. (a) Informant Mamie Bohannon
(b) Address 4131 Evans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Ce.
18. (a) Signature of funeral director F. A. Greer
(b) Address 4214 Delmar Blvd.
19. (a) FEB 27 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 25 year 1948 hour 11 minute x a M.
21. I hereby certify that I attended the deceased from Feb. 24, 1948, to Feb. 25, 1948 that I last saw him alive on ?Feb. 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative Heart Disease with Pulmonary Edema and Anasarca (Decompensation)	Undet.
Due to	
Due to	
Other conditions Chronic Glomerular Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature Oscar L. Daniels (M. D. or other)
Address 2601 N Whittier St Date signed 2/26/48

Jefferson City Printing Co. (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 Gunton V. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed: [illegible]

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.