

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32557

State File No.

FILED OCT 6 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>428</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 132 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 421 N. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital				d. STREET ADDRESS (If rural, give location) 421 N. Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) E.		c. (Last) MC CRUMB		4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec. 18, 1895	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Minneapolis, Minnesota	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William M. McGrumb			13b. MOTHER'S MAIDEN NAME Cora A. Pike			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC FAILURE				INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THYROTOXIC HEART DISEASE					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2520	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 2520				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 17, 1949 , to Sept. 26, 1949 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L.E. Stowell, M.D. (Chf. Prof. Services)				23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.		23c. DATE SIGNED 9/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30-49		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. 9-29-49		REGISTRAR'S SIGNATURE Hubert R. Bond		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U&L Co. St. Louis, Mo.			

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

25-C

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Lester C. Hoffmeister

Licensed Embalmer No. 5871

P. O. Address 7814 S Broadway

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.