

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

24366
State File No. 6571A
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (If 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 St. Louis c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 57th & Market St.

d. FULL NAME OF HOSPITAL OR INST. St. Louis 9th & Market St.

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) O. c. (Last) Bumb

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH July 20, 1877 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leonard Bumb 13b. MOTHER'S MAIDEN NAME Sadie Crosby 14. NAME OF HUSBAND OR WIFE Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Canone ADDRESS 618 Marion Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver

ANTECEDENT CAUSES DUE TO (b) and sigmoid

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 133X

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor Carmel (Degree or title) _____ 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 7.23.51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-24-51 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J B Lester 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. ADDRESS 2161 E. Fair Ave.

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

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 Welford V Burnley

Licensed Embalmer No. 4207

P. O. Address Thorns Inn

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.