

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21879**
Registrar's No. **5300**

FILED JUN 27 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY St. Louis, Mo.
b. CITY OR TOWN St. Louis, Mo.
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route City Hospital #14

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 6653 West Park Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Bernard
b. (Middle) Joseph
c. (Last) Crump

4. DATE OF DEATH (Month) (Day) (Year)
June. 9, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 11, 1923

9. AGE (In years last birthday) 29
IF UNDER 1 YEAR: Months 4 Days 28
IF UNDER 4 HRS. Hours 2 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman

10b. KIND OF BUSINESS OR INDUSTRY City, St. Louis

11. BIRTHPLACE (State or foreign country) St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Elmo E. Crump

13b. MOTHER'S MAIDEN NAME Catherine V. Williams

14. NAME OF HUSBAND OR WIFE Mary Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give year or dates of service) 1943 - 1946

16. SOCIAL SECURITY NO. 496-12-0557

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mary Catherine 6653 West Park Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fr of skull; Brain injury.
ANTECEDENT CAUSES supposed in collision between bumper #17 operated by one James Mesterwan and truck operated by Chas Crump at intersection of Vandeventer and Gaston Ave. about 835 am
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 June 9 1952
TV Accident

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)
St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 9 53 835

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? E 8160

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 835A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 1300 Elarca

23c. DATE SIGNED 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6 - 13 - 52

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL JUN 10 1952

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Stuart 225 Union

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clement McManis

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.