

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33062

State File No.

FILED SEP 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8067**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 9 yrs		d. STREET ADDRESS (If rural, give location) 22 2729th Chouteau	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moner Phillips		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Richard		b. (Middle) CRUMP	
c. (Last) CRUMP		8 14 53	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		MARRIED	1-16-1907
9. AGE (in years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country)
46		laborer	Tunica, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME UNKNOWN	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE BIRDIA CRUMP		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 BIRDIA CRUMP	
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. ADDRESS 2729th Chouteau	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull; 2. Compound Fracture of Both Legs; suffered when deceased was struck by car operated by one Carron in the 2700 block of Chouteau Ave. DUE TO (b) about 10:27 P.M. Aug. 14, 1953.		INTERVAL BETWEEN ONSET AND DEATH was	
II. OTHER SIGNIFICANT CONDITIONS WHETHER THE RESULT OF ACCIDENTAL MEANS OR CRIMINAL CARELESSNESS COULD NOT BE DETERMINED.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION OPEN VERDICT	
21a. ACCIDENT SUICIDE HOMICIDE Open Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On street	
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-14-53 10:27 P.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 25	
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 10:27 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Patricia Taylor Carson		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 8-19-53		24a. BURIAL, CREMATION REMOVAL (Specify)	
24b. DATE 8-22-53		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) St. Louis		24e. (State) MO	
DATE REC'D BY LOCAL REG. AUG 19 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lorne 2930 Dickson		ADDRESS	

4.0 (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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.