

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004159

FILED VS JAN 19 1961

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Mo		Length of stay in 1b 13 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3965 Olive St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN K - CRUMP				4. DATE OF DEATH Month Day Year Jan 2nd 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-12-75	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX Metal Polisher			10b. KIND OF BUSINESS OR INDUSTRY Work		11. BIRTHPLACE (City and state or country) Missouri St. Louis		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN CRUMP			13b. MOTHER'S MAIDEN NAME ? ? Mary Joyala		14. NAME OF HUSBAND OR WIFE Gertrude Xxxxx Crump (DECEASED)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ??			16. SOCIAL SECURITY NO. ??		17. INFORMANT Address Marian Crump 541 Wrightwood Chicago Ill Records at Koch Hospital		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis							??
DUE TO (b) Arteriosclerotic Heart Disease							??
DUE TO (c) Chronic Brain Syndrome - Arteriosclerotic							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Dehydration Syndrome Malnutrition Anemia							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0			
20c. TIME OF INJURY Hour s.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 12-20-60 to Jan 2, 1961 and last saw him alive on 1-2-61 Death occurred at 1-2-61 at 5:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree & Title) Hurd G. Russell M.D.				22b. ADDRESS Koch Hospital, Koch, Mo		22c. DATE SIGNED 1-3-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 5 1961	23c. NAME OF CEMETERY OR CREMATORY Valhalla		23d. LOCATION (City, town, or county) St. Louis Cty Mo.		(State)
24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette				25. DATE RECD. BY LOCAL REG. 1-3-61		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed *Thomas R. Fenwick*
X

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.