

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAY 7 1936

16879

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *DePaul Hospital*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **3624** St. Ward)

2. FULL NAME

John Crowley

(a) Residence, No. *5535 St. Louis* St. *6* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Crowley*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 10 - 1872*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *63' 7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Building*
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Co Missouri*

MOTHER FATHER 13. NAME *Michael Crowley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Maria Clark*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT (ADDRESS) *Mrs Mary Crowley*

18. BURIAL, CREATION, OR REMOVAL PLACE DATE *Covered 4-4-36*

19. UNDERTAKER (ADDRESS) *Chas. Burant*

20. FILED *4-2*, 1936 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 1, 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19..... I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *10:30* a.m. The principal cause of death and related causes of importance were as follows:

Date of onset
Fractures of Skull, lacerations of Brain, received when struck by car in St. Louis, Mo.

Other contributory causes of importance:
Deceased was a pedestrian

Name of operation..... Date of.....
Accident

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *4/1, 1936*

Where did injury occur? *St. Louis Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *In Public Place*

Manner of injury..... Nature of injury.....
Struck by auto
Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) *John J. Bredeck* M.D. (Address) *St. Louis Mo*

4/3/36

