

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. Faith Hospital 2800 N. Taylor St. Ward)

File No. 25680
Registered No. 6854

2. FULL NAME Catherine Crowley

(a) Residence, No. 3121 a N. Taylor Ave. St. 10 Ward.
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis F. Crowley

22. I HEREBY CERTIFY, That I attended deceased from 6-19-1934, 1934, to 7-15-1937, 1937

I last saw her alive on 7-15-37, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11 1865

to have occurred on the date stated above, at 10 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 71 10 4

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. At Home

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Acute Dilatation of Heart

7/15/37

Other contributory causes of importance:

Chronic Arthritis
Metastatic Carcinoma
Melena carcinoma of uterus

5/15/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisName of operation none Date of13. NAME Michael BrooksWhat test confirmed diagnosis? Clinical Was there an autopsy? No14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Mary Cavanaugh

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IrelandManner of injury !

Nature of injury

17. INFORMANT Francis F. Crowley
(ADDRESS) 3121 A. N. Taylor Ave.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 7-19, 193719. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.(Signed) Nicholas S. Vitale, M. D.20. FILED JUL 17 1937 J. Bredeck
Registrar.(Address) 3861 St. Louis Ave.

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.

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15
15

3861 10/10/10

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