

No. 2  
-11-10-39  
5-17-39  
X21492

FILED JUN 15 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17243

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4721

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5417 Tholozan Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 14  
(If outside city or town limit write "RURAL")  
(d) Street No. 5417 Tholozan Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William S. Crilly 640  
3. (b) If veteran, name war None 3. (c) Social Security No. 498-09-1876

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 28th  
year 1940 hour 2 minute A.M. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Late Florence V. Crilly 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 26th 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 22, 1940, to May 28, 1940;  
that I last saw him alive on May 28, 1940;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 1 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis Duration 6 mos.

9. Birthplace Topeka Kansas  
(City, town, or county) (State or foreign country)

Due to Coronary Sclerosis 6 mos.

10. Usual occupation Clerk International Shoe

Due to Arterio Sclerosis 1 year

11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

12. Name Charles Crilly

Major findings: Of operations No

13. Birthplace Kansas  
(City, town, or county) (State or foreign country)

Of autopsy No

14. Maiden name Unknown Garvey

PHYSICIAN  
Underline the cause to which death should be charged statistically.

15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No

16. (a) Informant Clifford Crilly

(b) Date of occurrence \_\_\_\_\_

(b) Address 5417 Tholozan Ave.

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

17. (a) Burial (b) Date thereof 5-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation Park Lawn Cemetery

(Specify type of place) \_\_\_\_\_

18. (a) Signature of funeral director Kriegshauser Mortuaries  
4228 So. Kingshighway

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

(b) Address MAY 29 1940

23. Signature Francis H. Wenzel (M., D., or other) \_\_\_\_\_  
Address 387 So. Kingshighway Date signed 5-28-40

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

MOTHER FATHER

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Edwin M. Bennett*

Licensed Embalmer No..... 3024

P. O. Address.....

**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, above space should be left blank.**