DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20156

Registration District No. 194 JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5104

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours. (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 5

(d) Street No. 5122 Vernon Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Joseph Crowley 640

3. (b) If veteran, name war none

3. (c) Social Security No. 489-10-3041

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Crowley.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 8, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	0	hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Machinest

11. Industry or business Fulton Iron Works

FATHER
12. Name John Crowley
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen White
15. Birthplace Providence, Rhode Island. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary E. Crowley

(b) Address 5122 Vernon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Russell Nichols

(b) Address 1431 Union Blvd.

19. (a) JUN 11 1940 (Date received local registrar) (b) J. B. Bracheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1940 hour 4 minute p M.

21. I hereby certify that I attended the deceased from June 24, 1939 to June 8, 1940 that I last saw him alive on June 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate	
Due to Metastasis to Bone	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Prostate Oct 1939

Of autopsy

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature Wil S Moore (M. D. or other)

Address 7 N Mist Bldg Date signed 6/10/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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.....

Licensed Embalmer No. 3915

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.