

FILED AUG 29 1941 791

Primary Registration District No. **1003**

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:
ST. LOUIS UNIVERSITY - 221 N. GRAND BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community. **30 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County.....
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL.")
(d) Street No. **221 N. GRAND BLVD.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Rev. Charles L. Crotty S.J.**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **SEPT. 9 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	9	24	hr. min.

9. Birthplace **WISCONSIN**
(City, town, or county) (State or foreign country)

10. Usual occupation **CATHOLIC PRIEST**

11. Industry or business.....

MOTHER FATHER { 12. Name **JAMES CROTTY**

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

14. Maiden name **MARY COSTELLO**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **REV. FATHER MINISTER**

(b) Address **221 N. GRAND BLVD.**

17. (a) **BURIAL** (b) Date thereof **7-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FLOBISSANT MO.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 LINCOLL BLVD.**

19. (a) **JUL 5 1941** (b) **J. T. Rebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3rd.**
year **1941** hour **10:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 15**
1941 to **July 3 1941**
that I last saw him alive on **July 3 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion** Duration **20min?**

Due to **Coronary Sclerosis** ?

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **See above**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **E. R. Shrader** (M. D. or other) **p**
Address **3725 Washington** Date signed **7/9/41**

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

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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.