

No. 2  
1-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32615

FILED OCT 7 1941

Registration District No. 289

Primary Registration District No. 116

Registrar's No. 1956

1. PLACE OF DEATH: **St. Louis**  
 (a) County: **Valley Park**  
 (b) City or town: **Valley Park**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **1 year**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Helen Crowley**  
 3. (b) If veteran, name war: \_\_\_\_\_  
 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: **F**  
 5. Color or race: **W**  
 6. (a) Single, widowed, married, divorced: **M**  
 (b) Name of husband or wife: **John Crowley**  
 6. (c) Age of husband or wife if alive: **50** years  
 7. Birth date of deceased: **August 8 1892**  
 (Month) (Day) (Year)

8. AGE: Years **49** Months **11** Days **11**  
 If less than one day hr. min.

9. Birthplace: **Vicksburg, Miss.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **H. W.**

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

12. Name: **John Clancy**

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

14. Maiden name: **unknown**

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

16. (a) Informant: **John P. Crowley**

(b) Address: **#4 Inez, Valley Park, Mo.**

17. (a) **Burial** (b) Date thereof: **9/22/41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Sacred Heart Cemtry**

18. (a) Signature of funeral director: **Louis J. Bopp, Inc.**

(b) Address: **Kirkwood, Mo.**

19. (a) **SEP 21 1941** (b) **C. H. McArthur**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **St. Louis**  
 (c) City or town: **Valley Park**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: **# 4 Inez Ave.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **19**  
 year **1941** hour **2:30** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **Sept. 3**, 1941, to **September 9**, 1941;  
 that I last saw him alive on **September**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Bowels**

Due to: \_\_\_\_\_

Due to: **468**

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration

**6 months**

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: **J. P. Knobb MD** (M. D. or other) **Q**  
 Address: **Valley Park, Mo.** Date signed: **9-19-41**

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

MOTHER FATHER

MAY 26 1949

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**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

*John M Meyer*

Licensed Embalmer No.

*3588*

P. O. Address

*Worlewood St*

**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, fact should be so stated above.**