

FILED APR 8 1942
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

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

179

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:
3022 Brantner Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Yrs.
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 21

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

(d) Street No. 3022 Brantner Place
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johanna Crowley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Michael Crowley

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

7. Birth date of deceased March 3rd., 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name David Fox

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kiley

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nellie Crowley

(b) Address 3022 Glasgo Place

17. (a) Burial (b) Date thereof 3-21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 3840 Lindell Blvd.

19. (a) MAR 19 1942 (Date received local Registrar)
J. J. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18th., year 1942 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from January 6, 1941, to March 18, 1942 and that death occurred on the date and hour stated above.

that I last saw h. u. alive on March 15, 1942

Immediate cause of death Myocarditis Chronic
Mitral Insufficiency

Due to Arterio Sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Louis H. [Signature] (M. D. or other) _____

Address 1303 N. Kingsley Bldg. Date signed Mar 19 1942

Duration

1 yr 2 mo 12 d
2 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Temm
1303 N. Kingshighway
1-3

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address. *3840 Lindell*

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.