

FILED JAN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 282

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:  
Home for the Aged 53400 So. Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 15 yrs.  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 So. Grand Blvd.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Cornelius Crimmins

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..... Dont Know. 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....  
12. Name..... Cornelius Crimmins

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

14. Maiden name..... Margaret Collins

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

16. (a) Informant..... Str. Theresa  
(b) Address..... 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof..... Jan. 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... SS. Peter & Paul Cem

18. (a) Signature of funeral director..... Gabriel Benz Mortuary  
(b) Address..... 2842 Meramec St.

19. (a) JAN 11 1943 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 11th  
year..... 1943 hour..... 3 minute..... A. M.

21. I hereby certify that I attended the deceased from.....  
..... 1943 to..... 1943  
that I last saw him alive on.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Arterio. Cardio  
Sclerosis  
Due to.....  
Ch. Bronchitis

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)  
(c) Means of injury.....  
23. Signature..... J. F. Budek (M.D. or other)  
Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

*Joe D. Benz*

Licensed Embalmer No. *4249*  
*2848* Peramec St.

P. O. Address..... St. Louis, Mo.

**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.**