

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 3 1943

1003

Registrar's No. 10298

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days) 0

3. (a) PRINT FULL NAME JAMES MICHAEL Crowley

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased October 21st 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

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

{ 14. Maiden name Virginia Whitaker  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Crowley-father

(b) Address 4953 Terry Ave.,

17. (a) burial (b) Date thereof 11-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Ave.,

19. (a) NOV 24 1943 (b) J. F. Bredick  
(Date received local registration) (Registrar's signature)

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. 4953 Terry Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th  
 year 1943 hour \_\_\_\_\_ minute 18 M.

21. I hereby certify that I attended the deceased from Oct 21st  
1943 to Nov 24 1943

that I last saw her alive on Oct 23 and that death occurred on the date and hour stated above.

Immediate cause of death Payne's syndrome - meningitis - deficiency.  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions 1570  
(Include pregnancy within 3 months of death)

Major findings: Of operations no  
 Of autopsy as above.

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 Geo. A. Mellis (M. D. or other) \_\_\_\_\_  
 Address 2739 N. Grand Date signed 11-24/43

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

Mr. Melles  
Lindell Trust  
Grand & St. Louis

STATE OF MISSOURI  
OFFICE OF THE REGISTRAR

RESIDENCE OF DECEASED:

(b) County

(If outside city or town limits, write "RURAL")

(If rural, give location)

(Yes or No)

IDENTIFICATION

Date

Time

Month

Year

to

Number

above

STATEMENT BY LICENSED EMBALMER

PHYSICIAN

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 Albert J. Mayfield

Licensed Embalmer No. 3047

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.