

FILED AUG 11 1945 STANDARD CERTIFICATE OF DEATH

21798

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6791

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Little Sisters of the Poor

(d) Length of stay: In hospital or institution 40 years

In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis

(d) Street No. 3400 S. Grand Blvd.

(e) Citizen of foreign country? No.

3. (a) FULL PRINT SISTER ALICE DE STE. ANNE CRAWFORD.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1945 hour 9 minute 20 A.M.

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

21. I hereby certify that I attended the deceased from July 25, 1945 to July 31, 1945 that I last saw him alive on July 29, 1945 and that death occurred on the date and hour stated above.

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

Immediate cause of death: chronic myocarditis Duration 1 year

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

Due to arterio-sclerosis 1 year

7. Birth date of deceased: September 5, 1863.

8. AGE: Years 81 Months 10 Days 26 If less than one day hr. _____ min. _____

Other conditions: none

9. Birthplace: New York.

10. Usual occupation: Religious.

11. Industry or business: Little Sisters of the Poor

Major findings: none Of operations: none Of autopsy: none

12. Name: James Crawford.

13. Birthplace: Dont know

14. Maiden name: Alice Murphy.

15. Birthplace: Dont know

16. (a) Informant: Sister Ste. Ludivine

(b) Address: 3400 S. Grand Blvd.

17. (a) Burial (b) Date thereof: 8/2/45.

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Gebken-Benz

(b) Address: 2842 Meramec Street.

19. (a) AUG 1 1945 (b) J. F. Bredeck

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify): no (b) Date of occurrence _____ (c) Where did injury occur? _____ (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: W. A. Kennedy (M. D. or other) W.D. Address: 3318 S. Grand Date signed: 8-7-45

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..... *Virgil L. Berryman*.....

Licensed Embalmer No. *V481P*.....

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.