

FILED MAY 10 1946

318

Registration District No.

1003

State File No.

Registrar's No.

3888

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

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:
DE PAUL HOSPITAL 2415 N. KINGS HIGHWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 22 Days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

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

(d) Street No. 4767 LeDuc
(If rural, give location)

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

3. (a) PRINT FULL NAME Stella M. Crowley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PATRICK J. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased. Aug 26 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>2</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Prior

{ 13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nellie Ryan

{ 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Patrick J. Crowley

(b) Address 4767 LeDuc

17. (a) BURIAL (b) Date thereof. 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY

18. (a) Signature of funeral director. Exp. Kelly

(b) Address 4386 Lindell

19. (a) APR 29 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27
year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 4-5-46 19, to 4-27-46 19. FL
that I last saw her alive on 4-26-46 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia
2ip. Duration 114 Days

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Myocarditis, Ch's Bronch

Of operations _____

Of autopsy _____

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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature St. Hoeyler (M. D. or other) MD
Address 5899 Delmar Date signed 4/29/46

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 James A. Lemmers
Licensed Embalmer No. 4142
P. O. Address St. Louis

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.