

FILED DEC 22 1947

Registration District No. 367

Primary Registration District No. 6576

Registrar's No. 2539

1. PLACE OF DEATH:

(a) County Saint Louis Mo.  
(b) City or town Rural - Saint Ferdinand  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Villa Luceu 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution nine years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sister Mary Ewald Crowe

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 SO  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 13 1958  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 8 5 hr. min.

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

10. Usual occupation Teacher

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

12. Name William Crowe 4

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

14. Maiden name Margaret O'Neil

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

16. (a) Informant Sister Mary Tolentine, S.S.N.D.

(b) Address 1200 Riverview Drive

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Dec. 9 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Villa Luceu Cemetery

18. (a) Signature of funeral director Donald D. O'Neil

(b) Address 1420 Michigan Ave

19. (a) 12-8-47 (Date received local registrar) (b) John A. Thayer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St James 95  
(c) City or town Rural St Ferdinand 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 6 day th  
year 1947 hour 5 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 1941  
\_\_\_\_\_, 19\_\_\_\_, to 1947, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs  
Due to Senility  
Due to 93d

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

Major findings: \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 10  
23. Signature John A. Thayer (M. D. or other) MD  
Address 150052 Granada Date signed 12/8/47

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

JUL 20 1954

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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... *W E Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address.....

**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.**