

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2445  
 Registrar's No. 535

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2445		Registrar's No. 535		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 10-yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3733 Lindell Blvd.				d. STREET ADDRESS (If rural, give location) 19 3733 Lindell Blvd.						
3. NAME OF DECEASED (Type or Print) a. (First) Ada			b. (Middle) Hamilton		c. (Last) Crow		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1951			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W.		8. DATE OF BIRTH Unk. Unk. 1883		9. AGE (In years last birthday) 67	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Danville, Ill. /			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Dr. Unknown Hamilton			13b. MOTHER'S MAIDEN NAME Unknown Unknown			14. NAME OF HUSBAND OR WIFE Judge Geo. A. Crow				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Purcell, 4405 West Pine Blvd.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) arteriosclerosis, general II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 4 hours 1 year 1 m	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 17 January 4200						
22. I hereby certify that I attended the deceased from 24 July, 1950, to 24 January, 1951, that I last saw the deceased alive on 26 November, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.										
23a. SIGNATURE Joseph W. Walsh, M.D.				23b. ADDRESS 607 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 18 Jan 51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair County, Ill.					
DATE REC'D BY LOCAL REG. JAN 18 1951		REGISTRAR'S SIGNATURE _____			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.					

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*W Van Matre*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.