

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1951

State File No. 2447  
557

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2124 E. ALICE AVE.</b>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>CHRISTIAN HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO</b> 9 STREET ADDRESS (If rural, give location) <b>ST. LOUIS, MO 2124 E. ALICE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> , b. (Middle) <b>PATRICK</b> , c. (Last) <b>CROWLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 17 1951</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT 19 1869</b>	9. AGE (In years last birthday) <b>81</b>	# UNDER 1 YEAR Months Days	# UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <b>NITE WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OID BUSINESS</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>D</b>

13a. FATHER'S NAME <b>JOHN CROWLEY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY LANIGAN</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JOHN CROWLEY, SON 4953 TERRY AVE</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterial Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary block</b>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>no</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H-201</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. A. Mellies MD</b>	(Degree or title)	23b. ADDRESS <b>2739 N. Grand</b>	23c. DATE SIGNED <b>1-17-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 20 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>

DATE REC'D BY LOCAL REG. <b>JAN 19 1951</b>	REGISTRAR'S SIGNATURE <b>J. H. Lassiter</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SULLIVAN BROS. 2849 N. EUCLID AVE.</b>
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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.

Signed Robert L. Brulman Student Embalmer No. ....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3853

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.**