

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38882
9906

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE OF DECEASED LIVED. If institution: residence before admission. a. STATE _____ Mo.				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) _____ St. Louis		c. LENGTH OF STAY (in this place) _____ Life		c. CITY (If outside corporate limits, write RURAL and give township) _____ 19 TOWN St. Louis		2199					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ City Hospital				d. STREET ADDRESS (If rural, give location) _____ 4010 McPherson Ave.				8			
3. NAME OF DECEASED (Type or Print) _____ Edward		a. (First) _____		b. (Middle) _____ V.		c. (Last) _____ Crowe		4. DATE OF DEATH (Month) (Day) (Year) _____ Nov. 7, 1951			
5. SEX _____ M.		6. COLOR OR RACE _____ W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ M.		8. DATE OF BIRTH _____ Oct. 29, 1910		9. AGE (In years last birthday) _____ 41			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Police Officer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____ St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____ U.S.					
13a. FATHER'S NAME _____ Thomas P. Crowe			13b. MOTHER'S MAIDEN NAME _____ Delia Cosgrove			14. NAME OF HUSBAND OR WIFE _____ Mrs. Emma Crowe					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ no		16. SOCIAL SECURITY NO. _____ (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME _____ Mrs. Emma Crowe, 4010 McPherson Ave.					ADDRESS _____		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Gastric-intestinal hemorrhage				INTERVAL BETWEEN ONSET AND DEATH _____ Sudden			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ None							
				DUE TO (c) _____ None							
				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION _____ None		19b. MAJOR FINDINGS OF OPERATION _____ no operation						20. AUTOPSY? _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ None		21c. (CITY, TOWN, OR TOWNSHIP) _____ St. Louis		(COUNTY) _____ Mo.		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ None		578X					
22. I hereby certify that I attended the deceased from _____ 11-5-1951, to _____ 11-7-1951, that I last saw the deceased alive on _____ 11-5-1951, and that death occurred at _____ 4 P. M., from the causes and on the date stated above.											
23a. SIGNATURE _____ Edward P. Kerk				0 (Degree or title)		23b. ADDRESS _____ 462 N. Taylor St. Louis Mo.		23c. DATE SIGNED _____ 11-8-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ Burial		24b. DATE _____ Nov. 10, 1951		24c. NAME OF CEMETERY OR CREMATORY _____ Calvary Cemetery		24d. LOCATION (City, town, or county) _____ St. Louis, Mo.					
DATE REC'D BY LOCAL REG. _____ NOV 8 1951		REGISTRAR'S SIGNATURE _____ J. Earl Smith		25. GENERAL DIRECTOR'S SIGNATURE _____ Arthur J. Donnelly		ADDRESS _____ 3840 Lindell Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

W H Van Matre

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.