

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38883

State File No. _____

Crowley
FILED DEC 19 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10963**

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 town) St. Louis		c. LENGTH OF STAY (in this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4947 Theodore Ave.		e. STREET ADDRESS (If rural, give location) 4947 Theodore Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) K.	
c. (Last) Crowley		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1951	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Jan. 29, 1891
9. AGE (In years last birthday) 60		10. MONTHS 10	11. DAYS 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Carter Carb. Corp.	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Francis Crowley		13b. MOTHER'S MAIDEN NAME Catherine Brooks	
14. NAME OF HUSBAND OR WIFE Mrs. Ann Crowley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War # 1	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ann Crowley, 4947 Theodore Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor, type not known		INTERVAL BETWEEN ONSET AND DEATH - 3	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		Conditions contributing to the death but not related to the disease or condition causing death.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION Sept 1 - 51		19b. MAJOR FINDINGS OF OPERATION Brain tumor	
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? 237X	
22. I hereby certify that I attended the deceased from July 13, 1951 , to Dec 11, 1951 , that I last saw the deceased alive on Dec 19, 1951 , and that death occurred at 4 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE John G. McJurney MD (Degree or title)		23b. ADDRESS 5014 Thekla Av Florissant	
23c. DATE SIGNED 11/15		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____		DATE REC'D BY LOCAL REG. DEC 11 1951	
REGISTRAR'S SIGNATURE Paul Smith		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	
ADDRESS _____		ADDRESS 2840 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.