

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14169

State File No.

FILED MAY 1 - 1952

318

1003

Registrar's No. 3781

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|--|---------------------------|--|----------------------|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 3781 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | 2079 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5218 Oriole Ave</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5218 Oriole</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Alphonse</u> (Type or Print) | | | b. (Middle) <u>A</u> | | c. (Last) <u>Crotty</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>June 2nd 1895</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Business Representative</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Labor Organizer</u> | | 11. BIRTHPLACE (State or foreign country) <u>St Louis</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William Crotty</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Casey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Crotty</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or list of services) <u>Yes World War I</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Crotty 5218 Oriole</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H2O</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>April 4, 1952</u> , to <u>April 20, 1952</u> , that I last saw the deceased alive on <u>4/4</u> , 1952, and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John J. Kennelly</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>16 Hampton Village Plaza</u> | | 23c. DATE SIGNED <u>4/21/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>April 23rd</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 22 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Cash Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Guy Miller</u> | | ADDRESS <u>504 Belmont</u> | |

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 *Francis Williamson*

Licensed Embalmer No. *3565*

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.