

No. 300  
10.48

FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44114

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>3247</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Immaculate Heart Home</u>				d. STREET ADDRESS (If rural, give location) <u>7626 Natural Bridge,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>		b. (Middle) _____		c. (Last) <u>Crimmins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1952.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 10, 1874</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Crimmins</u>			13b. MOTHER'S MAIDEN NAME <u>Bridget Bigly</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mamie Casey, 7626 Natural Bridge.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Left Breast 1yr-</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/1, 1952</u> , to <u>12/18, 1952</u> , that I last saw the deceased alive on <u>12/17, 1952</u> , and that death occurred at <u>5:20 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert G. Bauer MD</u>				23b. ADDRESS <u>3731 Goodfellow</u>		23c. DATE SIGNED <u>12/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE VIA MOTOR <u>12-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-19-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dunde - MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son Inc.</u>		ADDRESS <u>2161 E. Fair Ave.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1959

MAR 29 1959

**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 Clement M. Neary

Licensed Embalmer No. 3732

P. O. Address St. Louis

**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.