

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39086

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>2555</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-816 Pennsylvania				e. STREET ADDRESS (If rural, give location) 816 Pennsylvania Avenue			
3. NAME OF DECEASED			4. DATE OF DEATH			5. RESIDENCE (Month) (Day) (Year)	
a. (First) WILLIAM	b. (Middle) IRVIN	c. (Last) CROWELL	Date 11 2 55	Month 11	Day 2	Year 55	
6. SEX male	7. COLOR OR RACE white	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	9. DATE OF BIRTH Jan. 8, 1877	10. AGE (In years last birthday) 78	11. IF UNDER 1 YEAR Months	12. IF UNDER 1 YEAR Days	13. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired-president		10b. KIND OF BUSINESS OR INDUSTRY S. Louis Clay Prods.		11. BIRTHPLACE (City and State or Foreign Country) Chester, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sylvester Alexander Crowell		13b. MOTHER'S MAIDEN NAME Elvira Neil		14. NAME OF HUSBAND OR WIFE Gertrude Voorhees Crowell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roland V. Crowell, 5 Parkway Drive			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				Internal injury as a result of two			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) gunshot wounds of the thorax			
				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 E976X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) University City St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Nov. 2, 1955 a. 30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wounds of the thorax.			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ronald J. Liedman, Chgo.				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 11-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-4-55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Jerseyville, Illinois		
DATE REC'D BY LOCAL REG. 11-3-55		REGISTRAR'S SIGNATURE Herbert R. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.			

(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.....
Signature of Student Embalmer

Signed *Clarence H. Mur*.....

Licensed Embalmer No. *4011*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.