FILED FEB 17 1958

County

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008263
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 257

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Glendale — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 910 Moreland — Length of stay in Ib: 46-yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Glendale 4651 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 910 Moreland — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Harriet Middle: E. Last: Crowley

4. DATE OF DEATH: Month Jan. Day 25 Year 1958

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb.22,1873
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lowell,Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John Gormley
13b. MOTHER'S MAIDEN NAME: Ann Curley
14. NAME OF HUSBAND OR WIFE: Jeremiah Crowley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr.Paul Crowley, Address: 5660 Kingsbury

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 48 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hypertensive & arteriosclerotic Heart Disease 40Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Acute Gastritis with secondary hemorrhage 2o hrs. 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from September 15,1954 to January 25, 1958 and last saw him alive on January 25, 1958
Death occurred at 8:55 PM 2 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Philip P. Doisy, MD (Degree or title)
22b. ADDRESS: 714 S. Kirkwood Rd. Kirkwood 22, Missouri
22c. DATE SIGNED: 1-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan.28,1958
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: 1/27
26. REGISTRAR'S SIGNATURE: Herbert R. Darnke MD. J.N.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only numbers. All diseases in Part I must be causally related.

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 ..... Signed Francis Williamso

Signature of Student Embalmer

Licensed Embalmer No. 356 5

P. O. Address 3840 Lind

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.