

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1274

**1. PLACE OF DEATH**

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. **1202**

City..... (No. *St Paul Host*)

St..... Ward.....

**2. FULL NAME** *Infant Crimmins*

(a) Residence, No. *4967 Delore* St. *14* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 1 1933*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 18 hrs. or L min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*  
10. Date deceased last worked at this occupation (month and year) *1* 11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

13. NAME *Leo P Crimmins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

15. MAIDEN NAME *Helen Reynolds*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

17. INFORMANT *Leo P Crimmins* (ADDRESS) *4967 Delore St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Feb 2 1933*

19. UNDERTAKER *Langan & Sheahan 4415 Washington Blvd* (ADDRESS)

20. FILED *FEB -2 1933* Registrar *Maple Starckloff*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 1 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 1 1933* to *Feb 1 1933*

I last saw him alive on *Feb 1 1933* Death is said to have occurred on the date stated above, at *10:20 pm*.

The principal cause of death and related causes of importance were as follows:

*Inter cerebral hemorrhage*

Date of onset

Other contributory causes of importance:

*Premature Separation of Placenta*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) *Eugene J. O'Malley*, M. D.

(Address) *Princeton, Ill*

MARGIN RESERVED FOR PERMANENT RECORD

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK

