

REC'D JUN 9 1938

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

16810  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis  
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791Primary Registration District No. 1003(d) Street No. St. Johns Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 46712. PRINT FULL NAME Patrick Henry Crowe(a) Residence, No. 1107 Sidney St. St. 23

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFAmelia Crowe6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 2nd, 1883.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, ..... hrs.

or ..... min.

541019

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Foreman

9. Industry or business in which work was done, as saw mill, bank, etc.

Amr. Refg. Co.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Waterloo  
(STATE OR COUNTRY) Illinois

FATHER

13. NAME Thomas P. Crowe14. BIRTHPLACE (CITY OR TOWN) Waterloo  
(STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Catherine Goeddel16. BIRTHPLACE (CITY OR TOWN) Waterloo  
(STATE OR COUNTRY) Illinois17. INFORMANT Amelia Crowe  
(ADDRESS) 1107 Sidney St.18. BURIAL, CREMATION, OR REMOVAL S. S. Peter-Paul Cem  
PLACE Waterloo, Ills. DATE May. 25th. 193819. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
(ADDRESS) 2331 S. Broadway20. FILED MAY 28 1938John Breder  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 21st. 1938

22. I HEREBY CERTIFY. That I attended deceased from

April 25, 1938, to May 21, 1938I last saw him alive on May 20, 1938 Death is saidto have occurred on the date stated above, at 5.30 A.M.

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

Diabetic gangrene of foot  
Diabetic mellitus

Date of onset

5/17/3823 yrsago

Other contributory causes of importance:

Chronic nephritis  
ArteriosclerosisName of operation Amputation of foot Date of 5/5/38What test confirmed diagnosis? Blood sugar 215 mg. 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? no

If so, specify

(Signed) William H. Broeder, M. D.(Address) 1225 Sidney St.

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, 2645

Frank J. Dyland

, or by Me.

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Frank J. Dyland

Licensed Embalmer No. 2645

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, above space should be left blank.**