AR 8 1939 REC'D APR 7 1939

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

12368
Do not use this space.

96

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Normandy~~ — Primary Registration District No. 200 — Registered No. 427
(c) City Wellston — (d) Street No. 1280 Pennsylvania Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Crilly
(a) Residence, No. 1280 Pennsylvania Ave., St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1863.

7. AGE — YEARS: 75 — MONTHS: 9 — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME John O'Hearn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Johannna Pierce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary V. Crilly, 1280 Pennsylvania Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Mar. 11/39.

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED MAR 8 1939 — [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8/39. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1939, to Mar 8, 1939
I last saw her alive on Mar 8, 1939. Death is said to have occurred on the date stated above, at 8.50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-5 39
46	

Other contributory causes of importance: Lowered Vitality from carcinoma of sigmoid flex. of colon

Name of operation — Date of —
What test confirmed diagnosis? all — Was there an autopsy? No

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) J. D. Thurman, M. D.
(Address) 6753 Page

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12804

Dr. J.D. Thurmann

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. ; or by , Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark.

Licensed Embalmer No. I66I.

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.)