

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1253**

FILED MAR 1 1940

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2843 Semple Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Dennis Crowley

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bridget Crowley 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 31 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Michael Crowley 5  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Clark  
 15. Birthplace California  
(City, town, or county) (State or foreign country)

16. (e) Informant Mary Friedman

(b) Address 5127 Ashland Ave

17. (a) Burial (b) Date thereof Feb. 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (e) Signature of funeral director Chas. S. Stuart

(b) Address 1225 Union Blvd

19. (a) FEB 7 1940  
(Date received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2843 Semple Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 5th  
 year 1940 hour 11:05 minute P M.

21. I hereby certify that I attended the deceased from Sept. 1939, to Feb. 5 1940  
 that I last saw him alive on Feb. 5 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None PHYSICIAN \_\_\_\_\_  
 Of autopsy None Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence None  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury None

23. Signature Thos J. Harlan (M. D. or other) Me D.  
 Address 1902 Bell Date signed 2-6-40

WRITE PLAINLY—USE 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Guy W. Wilkinson  
Licensed Embalmer No. 3575

P. O. Address \_\_\_\_\_

**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.**