

FILED APR 15 1943
Registration District No. 784

Primary Registration District No. 101

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3066

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmonds Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6747 West Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Crowe, Matthias T.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Wh
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Adeline E. Crowe
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased September 16 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>26</u>	hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Drill Press Operator

11. Industry or business Fulton Iron Works

MOTHER, FATHER {
12. Name Lawrence Crowe
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gauley
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adeline Crowe (Wife)

(b) Address 6747 West Park Ave.

17. (a) Burial (b) Date thereof March 17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.

19. (a) 3-14-43 (b) E. G. M. - [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1943 hour 9 minute 55 P.M.
21. I hereby certify that I attended the deceased from 3-7-43
3-7 1943 to 3-13 1943
that I last saw him alive on 3-13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 week

Due to arteriosclerosis 2

Due to Diabetes 5 yrs 2

Other conditions Infection + dilatation
(Include pregnancy within 3 months of death)
left ventricle, acute fibrinous

Major findings: pericarditis, Hemiplegia
E softening right side of brain
Of operations _____
Of autopsy as above

PHYSICIAN _____
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 _____
(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 _____
23. Signature B. B. J. [Signature] (M. D. certifier)
Address 116 W. C. [Signature] Date signed 3-15-43

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.....

Licensed Embalmer No.....

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, fact should be so stated above.