

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28575**

FILED AUG 18 1945

Registration District No. _____ Primary Registration District No. **3063**

Registrar's No. **1232**

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

1. PLACE OF DEATH:

(a) County St. Louis Clayton

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 641 West Polo Drive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 16 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Isabel Titus

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex F. **5. Color or race** W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Andrew P. Titus **6. (c) Age of husband or wife if alive** 72 years

7. Birth date of deceased Aug. 1st., 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>0</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Detroit Michigan /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Crowley

13. Birthplace Michigan /
(City, town, or county) (State or foreign country)

14. Maiden name Delphine Van Damm

15. Birthplace Belgium /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Andrew P. Titus
641 West Polo Drive

(b) Address _____

17. (a) Burial **(b) Date thereof** 8-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 8-16-45 **(b)** Arthur J. Donnelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 641 West Polo Drive 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1945 hour 6 minute A M.

I hereby certify that I attended the deceased from July 20 1945 Aug 14 1945 V.S.
that I last saw her alive on Aug 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 weeks **Duration**

Due to Arterio-sclerosis Heart Disease 2 yrs

Due to 93d.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

23. Signature Arthur J. Donnelly (M. D. or other) 8/14/45
While at work _____ (Specify type of place) (e) Means of injury ✓

Address 3720 Washington **Date signed** _____

JUL 28 1949

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.