

**FILED JAN 23 1947**

Registration District No. 318 Primary Registration District No. 1003

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

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town.....  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4619 Maryland Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 years, months or days) 70 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4619 Maryland Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Clara A. Crowley  
 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 Single  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased April 11, 1866  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
80 8 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

**MOTHER FATHER**  
 12. Name John Crowley  
 13. Birthplace Ireland  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Keating  
 15. Birthplace Ireland  
 (City, town, or county) (State or foreign country)

16. (a) Informant Emily T. Crowley  
 (b) Address 4619 Maryland Ave.

17. (a) Burial (b) Date thereof 1-11-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

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

19. (a) JAN 10 1947 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan. day 9th.  
 year 1947 hour..... minute 05 A.M.  
 21. I hereby certify that I attended the deceased from May 1946  
 19....., to January 9, 1947  
 that I last saw her alive on Jan. 3, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy) Duration.....  
 Due to.....  
 Due to.....  
 Other conditions diabetes mellitus  
 (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?

While at work?..... (Specify type of place)  
 (e) Means of injury.....  
 23. Signature C. H. Nelson (M. D. or other)  
 Address 306 Humboldt Bldg. Date signed 1-9-47

SEP 10 1949

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Hammel  
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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.