

No. 300
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UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

20778
State File No. 5717
Registrar's No.

FILED JUL 3 1948
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 St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Hospital
(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)

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. 2124 East Alice Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME ADELAIDE N. CROWLEY

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: February 1st 1880
(Month) (Day) (Year)

8. AGE: 68 Years 4 Months 23 Days If less than one day
hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 24th day.....
year 1948 hour 3 A.M. minute..... M.

21. I hereby certify that I attended the deceased from
June 18th 1948 to June 24th 1948
that I last saw her alive on June 23rd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Carcinoma of sigmoid

Due to.....

Peritonitis

Due to.....

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

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

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)
Means of injury.....

23. Signature George W. Mellis, M.D. (Physician or other)
Address 2734 No. Grand Date signed 6/24/48

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Robins Driscoll

{ 13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anastasia Driscoll

{ 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John P. Crowley
(b) Address 2124 East Alice Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 N. Euclid Ave.

19. (a) JUL 25 1948 (Date received from registrar) J. F. Brudeak (Registrar's signature)

2739 No. Grand Blvd

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 *Robert J. Brinkman*
Licensed Embalmer No. *3553*

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.