

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31592

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2762

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2332 S. 11th St.		d. STREET ADDRESS (If rural, give location) No 2332 S. 11th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Crowley  
4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept. 21, 1900 49  
9. AGE (In years last birthday) 49 10 UNDER 1 YEAR 11 UNDER 18 Hrs. 12 UNDER 24 Hrs. 13 UNDER 36 Hrs. 14 UNDER 48 Hrs. 15 UNDER 60 Hrs. 16 UNDER 72 Hrs. 17 UNDER 84 Hrs. 18 UNDER 96 Hrs. 19 UNDER 108 Hrs. 20 UNDER 120 Hrs. 21 UNDER 132 Hrs. 22 UNDER 144 Hrs. 23 UNDER 156 Hrs. 24 UNDER 168 Hrs. 25 UNDER 180 Hrs. 26 UNDER 192 Hrs. 27 UNDER 204 Hrs. 28 UNDER 216 Hrs. 29 UNDER 228 Hrs. 30 UNDER 240 Hrs. 31 UNDER 252 Hrs. 32 UNDER 264 Hrs. 33 UNDER 276 Hrs. 34 UNDER 288 Hrs. 35 UNDER 300 Hrs. 36 UNDER 312 Hrs. 37 UNDER 324 Hrs. 38 UNDER 336 Hrs. 39 UNDER 348 Hrs. 40 UNDER 360 Hrs. 41 UNDER 372 Hrs. 42 UNDER 384 Hrs. 43 UNDER 396 Hrs. 44 UNDER 408 Hrs. 45 UNDER 420 Hrs. 46 UNDER 432 Hrs. 47 UNDER 444 Hrs. 48 UNDER 456 Hrs. 49 UNDER 468 Hrs. 50 UNDER 480 Hrs. 51 UNDER 492 Hrs. 52 UNDER 504 Hrs. 53 UNDER 516 Hrs. 54 UNDER 528 Hrs. 55 UNDER 540 Hrs. 56 UNDER 552 Hrs. 57 UNDER 564 Hrs. 58 UNDER 576 Hrs. 59 UNDER 588 Hrs. 60 UNDER 600 Hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter 10b. KIND OF BUSINESS OR INDUSTRY Amer. Car Co. 11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Henry Crowley 13b. MOTHER'S MAIDEN NAME Sally Sherrills 14. NAME OF HUSBAND OR WIFE Ida Crowley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes U.S. 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Crowley 2332 S. 11th St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterio Sclerosis  
DUE TO (c) Hypertension  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Ch. Nephritis  
INTERVAL BETWEEN ONSET AND DEATH  
2  
2  
2  
2

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1950, to 9/9, 1950, that I last saw the deceased alive on 9/8, 1950, and that death occurred at 4:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Brooker, M.D. 23b. ADDRESS 1225 Filney St. 23c. DATE SIGNED 9/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 9-14-50 24c. NAME OF CEMETERY OR CREMATORY Harmony Cem. 24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.

DATE REC'D BY LOCAL REG. SEP 13 1950 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. & Co. 2924 S. Jefferson

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Harold C. With*

Signed.....

Student Embalmer

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

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.