S. No. 300
v. 10-48

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

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2990

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0213

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jennings 4138
d. STREET ADDRESS (If rural, give location) 8372 Eaton Pl.

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) c. (Last) Crowley

4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH July 29, 1867

9. AGE (In years last birthday) 85 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hermann, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Martin Krebis

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Michael J.McGrath, 4698a W.Florissan

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Congestive Heart Failure	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Cardio-vascular Disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Surgical Repair of Intertrochanteric Fracture Rt. Femur	3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4221

22. *I hereby certify that I attended the deceased from* 12/15, 1952, *to* 1/6, 1953, *that I last saw the deceased alive on* 1/5, 1953, *and that death occurred at* 12 30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert A. Bauer MD

23b. ADDRESS 3731 Goodfellow

23c. DATE SIGNED 1/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-9-53

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St.Louis, Mo.

DATE REC'D BY LOCAL REG. JAN 8 1953

REGISTRAR'S SIGNATURE J. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H.Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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_____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Wm Bentley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.