U.S. No. 300
Rev. 10-48

FILED NOV 24 1953

STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10707

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place) 3 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home 4339 Olive St Apt 106

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY 2199
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location) 19 4339 Olive St Apt 106

3. NAME OF DECEASED (Type or Print)
a. (First) FLORENCE
b. (Middle) O
c. (Last) CROWLEY

4. DATE OF DEATH (Month) (Day) (Year) Nov 10 1953

5. SEX F 1

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singer O

8. DATE OF BIRTH Jan 19-1888

9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months 9 Days 22 | IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Realty Big

11. BIRTHPLACE (City and State or Foreign Country) Springfield Ill

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel O Crowley

13b. MOTHER'S MAIDEN NAME Mary Kavanaugh

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 499-12-6583

17. INFORMANT'S SIGNATURE OR NAME Josephine O Crowley 4339 Olive 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis	18 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Ht. Dis.	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertensive C-V Dis.	10 yrs

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? 4200

22. *I hereby certify that I attended the deceased from* 8-26, 1953, *to* 11-10, 1953, *that I last saw the deceased alive on* 10-12, 1953, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE William F. Kirtner (Degree or title) M.D.

23b. ADDRESS 508 N. Grand

23c. DATE SIGNED 11-10-53

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

24b. DATE Nov 14 1953

24c. NAME OF CEMETERY OR CREMATORY Calvary Cem

24d. LOCATION (City, town, or county) (State) Springfield Ill

DATE REC'D BY LOCAL REG. NOV 10 1953

REGISTRAR'S SIGNATURE J Earl Smith MD MDB

25. FUNERAL DIRECTOR'S SIGNATURE C H Bockloge

ADDRESS 6536 Clayton Rd Rice Hts 17 Mo

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Binkley

Licensed Embalmer No. 365

P. O. Address St Louis 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.