No. 300
10-46

3

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7072

State File No.

BIRTH NO. MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 515

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital [redacted]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: OVERLAND 424
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ X
e. STREET ADDRESS (If rural, give location): 9529 ECHO LANE

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): R.
c. (Last): CROWLEY

4. DATE OF DEATH (Month) (Day) (Year): FEB. 28. 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1/9/1913
9. AGE (In years last birthday): 41 — 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): STEAMFITTER
10b. KIND OF BUSINESS OR INDUSTRY: VARIOUS CONTRACTORS
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOHN CROWLEY
13b. MOTHER'S MAIDEN NAME: AGNES FLEMING
14. NAME OF HUSBAND OR WIFE: BERTHA CROWLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR 2
16. SOCIAL SECURITY NO.: #490-05-2779
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: BERTHA CROWLEY 9529 ECHO LANE ST LOUIS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Head injuries, fracture of both legs,

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) and multiple injuries, suffered while operating his automobile west on St.

DUE TO (c) Charles Rock Rd. which struck a pile of dirt from an excavation near the center

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* of the highway, near LeRoy Ave. overturned throwing him out. His body was found under his car.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

8194 31

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pagedale 400 St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2/28/54 3:06 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile struck a pile of dirt from an excavation in center of the road.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Weilmann, Coroner (Degree or title)
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 3/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): [redacted] Removal
24b. DATE: 3/3/54
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG.: 3-1-54
REGISTRAR'S SIGNATURE: Herbert R. Donk M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

S2W (Licensed Embalmer's Statement on Reverse Side)

NOV 16 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 486

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.