

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20349

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5150**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0	
		e. STREET ADDRESS (If rural, give location) 16 3945 Winnebago	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) P. c. (Last) Crowley			4. DATE OF DEATH (Month) (Day) (Year) JUNE 8, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1891	9. AGE (In years last birthday) 63	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Iron Works	11. BIRTHPLACE (City and State or Foreign Country) Boston, Massachusetts /	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edna Crowley (nee Kempe)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1	16. SOCIAL SECURITY NO. 488-01-8681	17. INFORMANT'S SIGNATURE OR NAME Edna Crowley, 3945 Winnebago	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC INSUFFICIENCY 3 DAYS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) POST OP - GASTRECTOMY S.PLENECTOMY RESECTION W. MID COLON DUE TO (c) G.I. BLEEDING		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC INSUFFICIENCY			

19a. DATE OF OPERATION JUNE 1, 1954	19b. MAJOR FINDINGS OF OPERATION MARGINAL ULCER - ASCENDING TRUNK GANCRENE	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COLO	21c. (CITY, TOWN, OR TOWNSHIP) COLO (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5420

22. I hereby certify that I attended the deceased from **31 MAY, 1954**, to **8 JUNE, 1954**, that I last saw the deceased alive on **8 JUNE, 1954**, and that death occurred at **6:50 AM.**, from the causes and on the date stated above.

23a. SIGNATURE A. London (Degree or title)	23b. ADDRESS Jewish Hospital	23c. DATE SIGNED 8 June 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 11, 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. JUN 9 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE M.C. Hoffmeister	ADDRESS Colonial Mortuary Chippewa
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Linus C. Hoffman

Licensed Embalmer No. 387

P. O. Address 7814 S. 10th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.