

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23625

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6369**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (If in this place) 9 years | | d. STREET ADDRESS (If rural, give location) 3933 S. Broadway | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospt | | 24 24 | |

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|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Rev. Joseph b. (Middle) Crowe c. (Last) Crowe | | | 4. DATE OF DEATH (Month) (Day) (Year) July 22 1955 | | |
| 5. SEX M. | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | |
| 8. DATE OF BIRTH May 22, 1865 | | 9. AGE (In years last birthday) 90 | | 10. UNDER 1 YEAR Months Days 11. UNDER 24 Hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest | | 10b. KIND OF BUSINESS OR INDUSTRY Religious | | 11. BIRTHPLACE (State or foreign country) Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Dont Know | | 13b. MOTHER'S MAIDEN NAME Dont Know | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Alexian Bros Hospt | |
| | | | | 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, assthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **May 23 1849**, to **July 22, 1955**, that I last saw the deceased alive on **July 22, 1955**, and that death occurred at **3:50 p.m.**, from the causes and on the date stated above.

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|---|--|----------------------------------|--|---|--|--|--|
| 23a. SIGNATURE Alexian Bros Hospt | | (Degree or title) MD | | 23b. ADDRESS 325 Francis Blvd St. L. | | 23c. DATE SIGNED July 23 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE July 23 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) Evanston Ills. | |

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|--|--|---|--|---|--|---------------------------------------|--|
| DATE REC'D BY LOCAL REG. Jul 25 1955 | | REGISTRAR'S SIGNATURE Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros | | ADDRESS 2201 S. Grand Blvd. | |
|--|--|---|--|---|--|---------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Francis J. Highland Jr* _____

Licensed Embalmer No. *45724* _____

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.