RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048326

STATE FILE NUMBER

LED VS DEC 16 1960 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3514

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Uplands Park Village — Length of stay in 1b: WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shamrock Rest Home 3709 Manola — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5117 Eichelberger — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Nora — Middle A. — Last Crimmins
4. DATE OF DEATH: Month Dec. — Day 2, — Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 9/9/77
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Ireland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ----- Foley
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Daniel M. Crimmins
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.: unknown
17. INFORMANT: Louise Crimmins — Address: 420 Homecrest Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Combined systems disease
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Sept 28 1960, to Dec 2, 1960 and last saw her ~~him~~ alive on 11/29/60
Death occurred at 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Louis Lettmann MD
22b. ADDRESS: 8231 Clayton Rd (17)
22c. DATE SIGNED: 12/3/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: Dec. 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERLE — ADDRESS: 3634 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: 12-3-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence M. Be

Licensed Embalmer No. 437

P. O. Address Louis 23,

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