

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

7257

-62-028555

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis, Missouri</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>St. Louis, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Firmin Desloge Hospital</b>		Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>424 Arsenal Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Crowley, Martha M.</b>		4. DATE OF DEATH Month <b>7</b> Day <b>23</b> Year <b>62</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. Marital Status <del>Married</del> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-6-39</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secy. Maritz Inc.</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>23</b>
11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Joseph Daigger</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Mederacke</b>	
14. NAME OF HUSBAND OR WIFE <b>Mr. John Crowley</b>		17. INFORMANT Address <b>Mr. John Crowley, 4240 Arsenal Street</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute &amp; Chronic Hemorrhage</b> DUE TO (b) <b>fibrosarcoma R groin</b> DUE TO (c) <b>1979</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>7-22-62</b> to <b>7-23-62</b> and last saw her alive on <b>7-23-62</b> Death occurred at <b>12:15</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William J. Jurek MA</i>		22b. ADDRESS	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/25/1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i>		25. DATE RECD. BY LOCAL REG. <b>JUL 24 1962</b>	
ADDRESS <b>3840 Lindell Blvd.</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

*61*

*OK Paul J. Jurek Secy. Maritz Inc. 7/25/62*

**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

*Francis Williamson*

Licensed Embalmer No.

*3565*

P. O. Address

*3840 Lindell*

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.