MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25356

Township ..... Primary Registration District No. 1003 Registered No. 7164

City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Timothy Cremins

(a) Residence. No. 4437 Maffitt a St., 11 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Cremins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 27 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	5	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Utility Man
(b) General nature of industry, business, or establishment in which employed (or employer): General Motor Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS

10. NAME OF FATHER: Timothy Cremins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Josephine Stapleton
(Address) 4437 Maffitt a

15. FILED JUL -9 1928, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/8 1928

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1928, to July 8th, 1928, that I last saw him alive on July 8th, 19....., and that death occurred, on the date stated above, at 7 05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heat Prostration
122A
191
194
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Strangulated inguinal hernia
(duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? United Drug Co
DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/8
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Arthur Mundlay, M. D
7/9, 1928 (Address) 2202 University

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: 7/10 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr A. Grindlach
2002 University
12-2