

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

Do not use this space.

42868

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. City - Sanitarium)

File No. ....  
 Registered No. 12136  
 St. .... Ward

**2. FULL NAME**

Simonee Creeley  
 (a) Residence. No. City Sanitarium St. 13 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 - 1874  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 | 8 | 7 | |  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Iron worker  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 10. NAME OF FATHER Henry Creeley  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Marine Aubuchon  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. P. H. Green  
 (Address) 240 So. Floissant Rd.  
 15. FILED DEC 13 1928 St. Louis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928  
 17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw him..... alive on ....., 19....., and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Haemorrhage of Brain  
82 R. H.  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Cause could not be determined (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. W. Keener M.D.  
12/13 1928 (Address) Delmar

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Treasurer Mo. 12/15 1928  
 20. UNDERTAKER ADDRESS  
Mullen and Co Delmar

N. B.—Every item of information should be carefully supplied. AGB 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.

