WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

26023

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 26023

Township ..... Primary Registration District No. 1003 Registered No. 7210

City St. Louis Mo. (No. 2013 Arsenal St. St. ..... Ward)

2. FULL NAME Lillian Crecelius

(a) Residence. No. 2013 Arsenal St. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24 - 1911.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
17	7	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe 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) Missouri

PARENTS

10. NAME OF FATHER Fred Crecelius
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Fred Crecelius
(Address) 2013 Arsenal St.

15. FILED JUL 9 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 - 1929.

17. I HEREBY CERTIFY, That I attended deceased from 6-10, 1929, to 7-8, 1929 that I last saw her alive on 7-7, 1929, and that death occurred, on the date stated above, at 12:55a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Leukemia (myelogenous)
acute 77A
115A
(duration) yrs. 4 mos. — ds.

CONTRIBUTORY (SECONDARY) Abscess Tonsil from Infection non Diphtheritic cause unknown
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Burton Bohannon, M. D.
7/8 - 1929. (Address) 2602 S. Grand Bl.

*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	DATE OF BURIAL
Park Hill Cem.	7-10-1929.

20. UNDERTAKER	ADDRESS
Ziegenheim Bros.	2633 Cherokee St.