

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

Do not use this space.

7677

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 110  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 2038  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. 1455 Monroe St. 26 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 - 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
48 0 10

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

10. NAME OF FATHER George Ransom

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Emma Leiby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) City Hospital

15. FILED: Feb 16 1931 Wm V. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 31 to Feb 13 that I last saw him alive on Feb 13 and that death occurred, on the date stated above, at 5:25 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Diabetes Mellitus (Coma)  
51 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 59 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory  
(Signed) Home Strayer M. D.

113 (Address) City Hospital

\*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 Cemetery DATE OF BURIAL Feb 16, 1931

20. UNDERTAKER Goodheart + Goodheart ADDRESS 2228 St. Louis Ave

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.

Omaha

Bureau of Vital Statistics  
St. Louis, Mo.

AFFIDAVIT FOR CORRECTION OF death RECORD  
(Write in whether birth or death)

STATE OF MISSOURI )  
                          ) SS.  
CITY OF ST. LOUIS)

On this 20th day of November, 1935 before me, a Notary Public in and for the City of St. Louis, Mo., appears William Creahan who upon his oath, states that he (the Affiant) desires by this affidavit to make the following correction on the death record, Registered No. 2038, of Marion Creahan, whose death occurred at City Hospital in St. Louis, Mo. on Feb.13,1931 and which record was filed Feb.16,1931.

Item No. 2 should read Marion Creahan  
instead of Esther Creahan

Item No. 5a should read William Creahan  
instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
instead of \_\_\_\_\_

The above is true to the best of my knowledge and belief.

William M. Creahan  
Affiant

husband  
(Relationship to person whose  
record is referred to in above)

1455 Monroe St. St. Louis, Mo.  
Present address

Subscribed and sworn to before me this 20th day of November  
19 35.

Virgil Odendorf  
Notary Public

My commission expires January 16/37

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

SUPPLEMENTARY 791

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City (No. ....) Ward.....

Registration District No. 1003

Primary Registration District No. 1003

File No. 2028

Registered No. ....

2. FULL NAME

(a) Residence, No. .... St., .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 11/21 1935 J. F. P... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1931

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed)....., M. D.

(Address).....

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