

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

Do not use this space.

6045

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township CARONDELLE Primary Registration District No. 6248
 City St. Rose Hosp. (No. 1) St. 61 Ward)

2. FULL NAME Frank Creely
 (a) Residence, No. 6203 Cote Brillant 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.

MAR 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Dec. 28, 1913

7. AGE YEARS 18 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Su. Station 176
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Frank G. Creely
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MOTHER'S NAME Anna Brisqueleur
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
 17. INFORMANT Thomas Creely
 (ADDRESS) 6203 Cote Brillant
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Feb. 22, 1932

19. UNDERTAKER (ADDRESS) St. Rose Hosp.
115 St. Rose Hosp.
 20. FILED 2/20/32 1932 L. C. Croft Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1932, to 2-19, 1932
 I last saw him alive on 2-19, 1932 Death is said to have occurred on the date stated above, at 1A m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia T.B. Date of onset _____
231 23
 Other contributory causes of importance: Spontaneous pneumothorax 1
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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 Charles E. Ebers M. D.
 (Signed) _____
 (Address) 9101 So. Vassar way

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.

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

1900

18