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.

AUG 27 1932

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No. 23918
96 Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City Florissant (No. ..... St. ..... Ward)

2. FULL NAME Charles Allen Creely
(a) Residence, No. Florissant, Mo. St., ... 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31. 1926.
7. AGE YEARS 5. MONTHS 11. DAYS 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy.
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) Florissant. Mo.

FATHER
13. NAME Joseph E. Creely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo.

MOTHER
15. MAIDEN NAME Florence La. Houllier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo.

17. INFORMANT (ADDRESS) Joseph E. Creely.
18. BURIAL, CREMATION, OR REMOVAL PLACE St Ferdinand DATE July 16, 1932
19. UNDERTAKER (ADDRESS) Jos W. Clark. 1125 Hodiamont Ave St Louis
20. FILED 8/7, 1932 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1932.
22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 14, 1932
I last saw him alive on July 14, 1932 Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	7-12-32
120	

Other contributory causes of importance:

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? no
If so, specify .....
(Signed) J. J. Millmann, M. D.
(Address) Florissant - Mo.