

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

Do not use this space.

37766

1. PLACE OF DEATH

County Registration District No. *3326A*
 Township Primary Registration District No. *18*
 City *St. Louis Mo.* (No. *3326A Vista Av.*)
 St. Ward)

File No.
 Registered No. **10468**
 St. Ward)

2. FULL NAME

Edward Creasap
 (a) Residence, No. *3326 1/2 Vista Av.* *18* 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) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ira Creasap*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 25-1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brakeman 99*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Terminal R.R.*
 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) *Ohio 2*

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

MOTHER 15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Only E. Creasap*
 (ADDRESS) *3326 1/2 Vista Av.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hiram Cemetery* DATE *Nov. 26* 19*32*

19. UNDERTAKER *E. J. Schurz*
 (ADDRESS) *3125 1/2 Lafayette Ave.*
 NOV 21 1932

20. FILED *W. O. Standen*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 24* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *March 4*, 19*32* to *Nov 24*, 19*32*
 I last saw h. *1 m.* alive on *11-24*, 19*32* Death is said to have occurred on the date stated above, at *11 p.m.*

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

Chronic Myocarditis
191
934/31
 Other contributory causes of importance:
Chronic interstitial Nephritis

Name of operation *None* Date of
 What test confirmed diagnosis? *usual* 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 **1**

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *Leon G. Gale*, M. D.
 (Signed) *Leon G. Gale*, M. D.
 (Address) *1703 No. Grand Blvd.*

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.

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