

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis** (No. **4006**, **aldine St.**)

File No. **14941**

Registered No. **4138**

2. FULL NAME

(a) Residence, No. **4006 aldine** St., **11** Ward.

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. (If nonresident, give city or town and State)

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 **Bridget Creely**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6 1870**

7. AGE YEARS **64** MONTHS **10** DAYS **16** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Painter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **House Painter**

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.**

13. NAME **Edward Creely**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Florissant Mo.**

15. MAIDEN NAME **Ann Marchau**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Florissant Mo.**

17. INFORMANT **Bridget Creely** (ADDRESS) **4006 aldine St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Apr. 25 1934**

19. UNDERTAKER **Cullinsgro Bros** (ADDRESS) **1718 N. Grand Bl.**

20. FILED **APR 27 1934** **J. B. Bredet** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22 1934**

22. I HEREBY CERTIFY, That I attended deceased from **12-10-1932** to **4-21-1934**

I last saw him alive on **4-21-1934**. Death is said to have occurred on the date stated above, at **2:35 P.M.**

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

Myocarditis chronic Date of onset

93 C
Other contributory causes of importance: **Asthma**
Age

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? **no**

If so, specify

(Signed) **Wm H. Foster**, M. D.

(Address) **48259 Easton**

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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