NOV 27 1935

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

Do not use this space.

37225

File No.

Registered No. 263

1. PLACE OF DEATH

County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033

City Wellston (No. 6325 Julian Ave., St. Ward)

2. FULL NAME Effie Creech.

(a) Residence, No. 6325 Julian Ave., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Femail	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	14	

OCCUPATION

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

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) Missouri

FATHER

13. NAME George Creech

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

MOTHER

15. MAIDEN NAME Catherine Emmerson

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

17. INFORMANT Miss. Kate Creech
(ADDRESS) 6325 Julian Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy, Mo. DATE Nov. 4, 1935

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 1-2- 1935 A. A. Bachmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1/35. 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Nov 1, 1935.
I last saw her alive on Oct 29, 1935. Death is said to have occurred on the date stated above, at 5.30 A.M.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset June 1, 1932

Other contributory causes of importance: Pts my aunt of Dr. Turner.

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

(Signed) Jno J Langan Jr, M. D.
(Address) 5803 Olympia

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

100M-11-24-33

Dr. W.J.Langan Jr.,
5803 Plymouth Ave.,
Cab. 0220,