MAR 12 1936

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

Do not use this space.

791

7588

1003

1214

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 7588

Township ..... Primary Registration District No. 1003 ..... Registered No. 1214

City St. Louis (No. ..... City Infirmary St. ..... Ward)

F10056

2. FULL NAME Helen McCreight (Helen McCreight)

(a) Residence, No. City Infirmary St., Ward 13

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1850

7. AGE Years 85 Months 4 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Near Buffalo Pennsylvania

FATHER

13. NAME James McCreight

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

MOTHER

15. MAIDEN NAME Margaret Strawbridge

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

17. INFORMANT (ADDRESS) Mrs. Lay City Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Feb 4 1936

19. UNDERTAKER (ADDRESS) Louis N Boeckmann Kirkwood Mo.

20. FILED FEB - 3 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1930, to 2/1, 1936

I last saw h. alive on 2/1, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

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

Intracranial Hemorrhage

Fracture of femur

resulting from fall to floor at City Infirmary — Date of onset 9/25/30

Other contributory causes of importance: Senility 1860

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/22, 1930

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. City Infirmary

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis B. Harlan M.D.

(Address) City Hospital

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.