

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3594

Registration District No. 775

Primary Registration District No. 6070 A.

Registrar's No. 5

1. PLACE OF DEATH:  
(a) County St. Francois FILED FEB 12 1940  
(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bonne Terre Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 1 2 1

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Elvins  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Joseph Creagh  
3. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Jan. day 7<sup>th</sup>  
year 1940 hour 10 minute 10 A.M.  
21. I hereby certify that I attended the deceased from 1-5-1940 to 1-7-1940  
that I last saw him alive on 1-7-1940  
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lizzie Creagh  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 12 1863  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage  
St. middle meningeal artery Duration 2 da.

8. AGE: Years 76 Months 8 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Fractured skull, linear, from st. orbit through temporal  
Due to region

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Thomas Creagh  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace 11  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's signature Lizzie Creagh  
(b) Address Elvins

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 1-5-40  
(c) Where did injury occur? Highway on street  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public thoroughfare

17. (a) \_\_\_\_\_ (b) Date thereof 1-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery Caldwell Br

(Specify type of place)  
While at work? no (e) Means of injury Auto hit him

18. (a) Signature of funeral director Feat River  
(b) Address \_\_\_\_\_

23. Signature H.M. Roelcher (M. D. or other) M.D.  
Address Bonne Terre, Mo. Date signed 1/9/40

19. (a) 1-9-40 (b) H.W. Hawkins  
(Date received local registrar) (Registrar's signature)

WHILE PLAINLY—USE UNFADING BLACK INK—WRITE 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.

1 X1931

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**