No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 1 NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32931

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7883

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1925 Lucas Avenue
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1925 Lucas. Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles King Creath

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mina Creath

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 12 (Month) 9th (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	95	9	21	8 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Odd Jobs

FATHER
12. Name Nelson Creath
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Laura 22
15. Birthplace 22 (City, town, or county) 22 9 (State or foreign country)

16. (a) Informant Gertrude Creath
(b) Address 2942 Bell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 4th (Day) 1941 (Year)
(c) Place: burial or cremation Douglas - Rosemont Ill

18. (a) Signature of funeral director Gordon W. Chambers
(b) Address 3100 Franklin Ave.

19. (a) OCT 3 1941 (Date received local registrar) (b) J. V. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 — day 30 — year 1941 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 28, 1941 to Sept. 30, 1941 that I last saw him alive on Sept. 30, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	5 mos.
Due to	
Due to	
Other conditions Mitral Heart Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature A. E. Hale (M. D. or other)
Address 822 N. Jefferson Date signed 10/1/41

(Licensed Embalmer's Statement on Reverse Side)

Missouri.
St. Louis.
1955 Lucas Ave.

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 Henry A Goodin

Licensed Embalmer No. 3050

P. O. Address 4237W Labadi

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

If this body is not embalmed, fact should be so stated above.