

FILED OCT 28 1942  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **8628**

**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: **Missouri Baptist 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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**

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

(d) Street No. **2715 Howard St.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Lucy Creamer**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct** day **15th**  
year **1942** hour **6** minute **55p** M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Steve Creamer** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **April 14th 1878**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Sept 15** 19 **42** to **Oct 15** 19 **42**  
that I last saw her alive on **Oct 15** 19 **42**  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>64</b>	<b>6</b>	<b>1</b>	hr. _____ min. _____

Immediate cause of death **Cerebral Hemorrhage (Left) Acute Cholelithiasis non calculous**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

**Duration**  
**3 days 11 weeks**

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

10. Usual occupation **Housewife**

Other conditions **83 ad**  
(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.

11. Industry or business \_\_\_\_\_

**MOTHER, FATHER** { 12. Name **Tom Hunt**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Cromer**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) **None**

(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? \_\_\_\_\_

16. (a) Informant **Mr Steve Creamer**

(b) Address **2715 Howard St.**

17. (a) **Burial** (b) Date thereof **10/19/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stroot - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. (a) **OCT 17 1942** (b) **J. F. Bredsch**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **J. J. Javoy** (M. D. or other) **0**

Address **607 W. Grand Blvd** Date signed **10-16-42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Grant H. Stewart*

Licensed Embalmer No. 2268

P. O. Address 4607 1/2 Bridge St.

**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, fact should be so stated above.**