

FILED
X-35897

OCT 13 1943

318

1003

State File No.

Registrar's No.

8741

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST ANTHONY'S Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME RICHARD W. CREAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY CREAN (NEE BYRNE) 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased OCTOBER - 27 - 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 3 hr. min.

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

10. Usual occupation MERCHANT

11. Industry or business GEN. STORE

MOTHER FATHER

12. Name FRANK CREAN
13. Birthplace BYRNESVILLE Mo
(City, town, or county) (State or foreign country)
14. Maiden name BATHERINE FLANAGAN
15. Birthplace BYRNESVILLE Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Crean
(b) Address Byrnsville Mo

17. (a) BURIAL (b) Date thereof OCT. 4. 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony's Hospital, St. Louis, Mo

18. (a) Signature of funeral director J. F. [Signature]

(b) Address Home Springs Mo

19. (a) OCT 3 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON
(c) City or town BYRNESVILLE - Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30TH
year 1943 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-7-43
to 9-30-43, 19...
that I last saw him alive on 9-30-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

While at work..... (Specify type of place)
(b) Means of injury.....

23. Signature Frank S. [Signature] (M.D. or other)
Address St. Louis, Mo Date signed 10-2-43

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

1942
56
1886

1943-9-30
1886-10-27
56-11-3

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 William J. Lyons

Licensed Embalmer No. 4319

P. O. Address St. Louis, Mo.

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.