

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1943 7

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. 2223

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence-7076 Julian 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)

3. (a) PRINT FULL NAME MARK LAFAYETTE CREEGAN

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, widowed 2 divorced widowed

6. (b) Name of husband or wife Mary Jane Creegan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 6 hr. min.

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

10. Usual occupation Retired carpenter

11. Industry or business _____

12. Name John S. Creegan
13. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary O'Neal
15. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Hodgson

(b) Address 7076 Julian Ave., U. City

17. (a) removal (b) Date thereof 10/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Missouri

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd., St. Louis

19. (a) 10-4-43 (b) C. J. McDevine
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7076 Julian Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1 - 1942 to Oct. 2 1943
that I last saw him alive on Sept. 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate
Duration about 2 yrs.

Due to _____
Due to _____

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

Major findings: Of operations 518
Of autopsy _____
PHYSICIAN _____

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)
(e) Means of injury _____
23. Signature J. D. Thurman (M. D. or other)
Address 6753 Page Ave. Date signed 10/2/43

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

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DEC 7 1968

Pr. P. P. Thurman
6753
P#-3155
OCT 18 1968
46181120

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.