

FILED FEB 18 1944 318

1009

1365

Registration District No.

Primary Registration District No.

Registrar's No.

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:
914 Salisbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Nil
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 914 Salisbury St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William W. Cremeens
3. (b) If veteran, name war. No 3. (c) Social Security No. 499-01-3649

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 10
year 1944 hour 3 minute P. M.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 9 13 - 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 9th to Feb 10th, 1944
that I last saw him alive on Feb 10th, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 4 Days 29
If less than one day hr. min.

Immediate cause of death Coronary occlusion
Duration 1 day

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

Due to Chronic Myocarditis

10. Usual occupation Carpenter

Due to Myocardial infarction
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Schlueter Mfg. Co.

Major findings: Of operations. 9/0

12. Name John Cremeens

Of autopsy

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

14. Maiden name Unknown

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

16. (a) Informant Amanda Cremeens
(b) Address 914 Salisbury St.

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

17. (a) Burial (b) Date thereof 2/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(c) Place: burial or cremation Friedens Cemetery

(b) Date of occurrence

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

(c) Where did injury occur? (City or town) (County) (State)

19. (a) FEB 11 1944 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

(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 21
23. Signature Dr. J. Douglas Blaylock M.D. or other Dr.
Address 1415 Fabis Bury Date signed 2/11/44

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

MOTHER FATHER

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 *Alfred J. Boedecker*.....

Licensed Embalmer No. *2663*.....

P. O. Address... *5934 Alpha*.....

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.