S. No. 2
1—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 22915

Registrar's No. 6131

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: Enroute to City Hospital 3
(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: 997

(a) State Tennessee (b) County Shelby 43

(c) City or town Memphis N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 1065 McLemore
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Lillian Creek

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.W. Creek

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

7. Birth date of deceased (Month) About (Day) 1908 (Year)

8. AGE: Years About 36 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Typesetter

11. Industry or business Kroeger Warehouse Co.

FATHER
12. Name Posy Walton
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Buelah Christy
15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country) 1

16. (a) Informant Nora Carter
(b) Address 1319 Sarsfield Pl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 10 1944 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1944 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration; Hemorrhagic

Due to Gastritis (alcoholic)

Due to

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Alfred Werry (M. D. or other) 3

Address Deputy Coon Date signed 7/10/44

844

(Licensed Embalmer's Statement on Reverse Side)

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 Albert L. Hoffer

Licensed Embalmer No. 2971

P. O. Address.....

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.