V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25656

FILED JUL 31 1944

Registration District No. 2

Primary Registration District No. 3063

Registrar's No. 1550

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital D.O.A.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 623 S. Harrison Ave. 3
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Creamus M. French

3. (b) If veteran, name war

3. (c) Social Security No. No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 17 (Day) 1929 (Year)

8. AGE:

Years	Months	Days	If less than one day
15	5	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation School boy.

11. Industry or business

FATHER
12. Name Robert French
13. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country) 1

MOTHER
14. Maiden name Alma Ellis
15. Birthplace Alton (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Fannie France

(b) Address 120 S. Hanley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Music Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine St., St. Louis, Mo.

19. (a) JUL 21 1944 (Date received local registrar) (b) E. D. McGavran, MD (Registrar's signature) 75

701

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 6:55 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 Drowned while swimming in Meramec River.

Due to Drowning.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No.

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) Accident 096

(b) Date of occurrence July 19, 1944

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature H. S. Breyfogle Deputy Coroner (M. D. or other)

Address Clayton, Mo. 7-20-44 Date signed

(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 Jack Russell

Licensed Embalmer No. 4112

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.