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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

523

State File No. ....

Registration District No. 318

Primary Registration District No. ....

Registrar's No. 842

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:  
City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yr. 3 mo. 7 ds.  
(Specify whether  
In this community life  
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. 314 N. 25th St.  
City Sanitarium  
(If outside city or town limits, write "RURAL")  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Anna Mc. Cready

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Sgl.

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

7. Birth date of deceased Sept. 2 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 64 4 23 hr. min.

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

10. Usual occupation nil

11. Industry or business .....

MOTHER FATHER

12. Name John Mc. Cready

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Flynn

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

16. (a) Informant Theresa A. Singer

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 1-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Jas. P. Fendler Jr. Fun. Home

(b) Address 7128 Michigan  
JAN 27 1945 J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25,  
year 1945 hour 9.45 minute P M.

21. I hereby certify that I attended the deceased from Aug.  
1st 1944 to Jan. 25, 1945

that I last saw her alive on Jan. 25, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration  
Due to General Arteriosclerosis 8 yrs. x

Due to Diabetes 8 yrs. x.

Other conditions ..... (Include pregnancy within 3 months of death)  
61

Major findings: Of operations .....  
Of autopsy .....  
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? .....

While at work? (Specify type of place) ..... (e) Means of injury M. B.

23. Signature L. Hershbarner M. D. (M. D. or other)  
Address City Sanitarium Date signed 1/25

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

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.....

*Greg Dubois*....., Registered Apprentice No.                       
working under my personal supervision.

Signed *Greg Dubois*.....  
Licensed Embalmer No. 3906

P. O. Address 7128 Michigan

**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.**