V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21799

FILED AUG 3 1945

Registration District No. 818 Primary Registration District No. 1002 Registrar's No. 6444

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

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: Lutheran Hospital
(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 Mo. (b) County St.Louis

(c) City or town Lemay Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Sappington Barracks Rd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

96

N.R.

3. (a) PRINT FULL NAME Henry Theodore Crecelius

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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 May (Month) 22 (Day) 1875 (Year)

8. AGE: Years 70 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Henry Crecelius
13. Birthplace St.Louis Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lydia Mueller
15. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lydia Crecelius
(b) Address Rt.8 Box 312 Lemay,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26,45 (Month) (Day) (Year)
(c) Place: burial or cremation St.Johns Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 78.14 S.Broadway

19. (a) JUL 25 1945 (Date received local registrar) (b) J. Bredead (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 12 minute 48 A. M.

21. I hereby certify that I attended the deceased from 7/12/45, 19, to 7/24, 1945; that I last saw him alive on 7/23/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Coronary Thrombosis — Duration —

Due to

Due to

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

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

23. Signature C. R. Hawkes (M. D. or other)
Address 7219 Michigan Date signed 7/24/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hawker

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.