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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

39399

FILED DEC 21 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 10721

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:
1354 M^e CAUSLAND AV.
(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:

(a) State Mo. (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 1354 M^e CAUSLAND
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY R. BARCLAY KREAMER

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

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, WIDOW
 6. (b) Name of husband or wife WM. KREAMER
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased MARCH 17 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace ST. LOUIS 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name JOHN MITCHELL

13. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN HOBBS

15. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jos. Barclay

(b) Address 1354 M^e CAUSLAND AV.

17. (a) BURIAL (b) Date thereof DEC-11-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette Ave.

19. (a) DEC 10 1945 (b) J. F. Medina
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1945 hour 7:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from 6 Dec 45 to 8 Dec 45 and that I last saw him alive on 7 December 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion or Thrombosis Duration 3 days

Due to _____

Due to _____

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

Major findings: Of operations None performed

Of autopsy not performed

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 _____

Signature Joseph Barclay (M. D. or other) _____

Address 4738 Gravois Date signed 12/8/45

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

Joseph B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *St. Louis, Mo*

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.