

56256
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18666
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 4214

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(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)

3. (a) PRINT
FULL NAME

ZOLLIE McCREARY

3. (b) If veteran,
name war _____

No

3. (c) Social Security
No. No

4. Sex F
race W

5. Color or
race W

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

6. (b) Name of husband or wife
ALPHA T. McCREARY

6. (c) Age of husband or wife if
alive 67 years

7. Birth date of deceased JUNE
(Month)

28
(Day)

1873
(Year)

8. AGE:

Years

Months

Days

If less than one day

72

9

10

hr. _____ min.

9. Birthplace:

DANBY

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name

HENRY BAILEY

13. Birthplace

JEFFERSON Co.

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name

EMMA GOLF

15. Birthplace

BLACKWELL

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant

Alpha T. McCreary

(b) Address

3020 Shenandoah

17. (a)

BURIAL

(Burial, cremation, or removal)

(b) Date thereof

5-10-46

(Month) (Day) (Year)

(c) Place: burial or cremation

FESTUS, Mo.

18. (a) Signature of funeral director

Robert H. Happe

(b) Address

4700 Washington

19. (a)

MAY 9 1946

(Date received local registrar)

(b)

J. F. Brudeck

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3020 SHENANDOAH
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1946 hour 7:55 minute P M.
21. I hereby certify that I attended the deceased from April 5
19 46 to May 8 19 46
that I last saw her alive on May 8 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death

myocardial infarction 2 weeks

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy

See above

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature

R. L. Stubblefield

(M. D. or other)

Address

1420 Grand

Date signed 5-9-46

(Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry M. Brummer
Licensed Embalmer No. 4200

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.