

No. 2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL RECORDS  
**FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH**

35365

State File No. \_\_\_\_\_  
Registrar's No. **8988**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis, Missouri.**  
(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 **1 mo.**  
In this community **Life**  
years, months or days (Specify whether)

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..... **2732 N. Euclid**  
(If rural, give location)  
(e) Citizen of foreign country?..... **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **GLORIA W. McCreary**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **19th**  
year **1946** hour **5:00** minute **A** M.  
21. I hereby certify that I attended the deceased from **9/19/46**  
to **Oct. 19th**, 19 **46**  
that I last saw **her** alive on **Oct. 19th**, 19 **46**  
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... **Robert A. McCreary**  
6. (c) Age of husband or wife if alive **22** years  
7. Birth date of deceased **February 5th, 1924**  
(Month) (Day) (Year)

Immediate cause of death **POLIOMYELITIS, ANTERIOR, ACUTE**  
Duration  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**22** **8** **14** hr. min.

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **At Home. Formerly teletype operator, Civil Service**

11. Industry or business.....  
12. Name..... **Oscar E. Coons**  
13. Birthplace..... **Malden Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Mary Martin**  
15. Birthplace..... **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert A. McCreary**  
(b) Address **2732 N. Euclid Ave**

17. (a) **Burial** (b) Date thereof **10/22/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Alexander & Son**  
(b) Address **6175 Delmar Blvd.**

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? **Edward M. Parkins** Means of injury **fall**  
23. Signature **Edward M. Parkins** 1515 Lafayette 10/19/46 (M. D. or other)  
Address..... Date signed.....

19. (a) **OCT 21 1946** (b) (Registrar's signature)

JAN 27 1947

**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 *Jos. E. McCulloch*  
Licensed Embalmer No. *2960*  
P. O. Address *617 1/2 Delmar*

**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.**