

National Office of Vital Statistics  
**FILED SEP 8 1947 310**

Registration District No. .... **310** Primary Registration District No. .... **1003** Registrar's No. .... **3323**

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.....  
**Little Sisters Poor (3225 N. Florissant Ave.)**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **11 years 5**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County..... **St. Louis**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. .... **3225 N. Florissant Ave.**  
**20**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Martin McCreary**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widower**

6. (b) Name of husband or wife..... **Cora McCreary**

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

7. Birth date of deceased..... **Sept. 29th 1875**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>71</b>	<b>11</b>	<b>2</b>	.....br.....min.

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

10. Usual occupation..... **Retired Laborer**

11. Industry or business.....

12. Name..... **James McCreary**

13. Birthplace..... **Ironton Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Dont Know**

15. Birthplace..... **Dont Know**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Sister Jeanne**

(b) Address..... **3225 N. Florissant Ave.**

17. (a) **Burial** (b) Date thereof..... **9-4-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bethany Cemetery**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**  
(b) Address..... **3840 Lindell Blvd**

19. (a) **SEP 2 1947** (b) **J. F. Bruesch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1st**  
year **1947** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 12, 1947** to **Sept 1st 1947**  
that I last saw him alive on **August 28, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis**

Duration..... **???**

Due to.....

Due to.....

Other conditions..... **None**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **None**

Of operations: **None**

Of autopsy: **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **None**

(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) Manner of injury.....

23. Signature..... **Donald J. [unclear]** M. D. or other

Address..... **2302 [unclear]** Date signed..... **9-1-47**

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

MOTHER FATHER

Dr. Flatto  
5428 Clemons

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 Stanley Marshall  
.....  
Licensed Embalmer No. 2868

P. O. Address 3845 Lundell

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.