No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 3 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 29730

Registrar's No. 1759

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

1. PLACE OF DEATH:
(a) County ST. LOUIS COUNTY
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS CO. 96
(c) City or town UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6358 DELMAR BLVD. 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ANNA McCREA
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIAM J.
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased FEB (Month) 28 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	16	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name McNAMARA
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant WILLIAM J. McCREA
(b) Address 6358 DELMAR
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 8-16-47 (Date received local registrar) (b) Cecil E. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14
year 1947 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from AUGUST 7, 1947, to AUGUST 14, 1947
that I last saw her alive on AUGUST 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ?? Cerebral thrombosis	
Due to Arteriosclerosis	
Due to 9 3d	
Other conditions Arteriosclerotic Heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 B. Smith Jr. M.D. (M. D. or other) 0
Address 601 Brentwood Blvd. Date signed 8/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. W H Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.