

FILED APR 1 1949
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9929
State File No. 2726
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 9929		Registrar's No. 2726					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION 3958 Cook Ave 1				d. STREET ADDRESS (If rural, give location) 3958 Cook Ave. 0									
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)			Cornelia Creer			4. DATE OF DEATH (Month) (Day) (Year)			3-24-1949				
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 5, 1861		9. AGE (In years last birthday) 87		10. UNDER 1 YEAR Months 10 Days 9		11. UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Spearsville, Louisiana		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Thomas Hayes				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Novella Beason 3958 Cook Ave.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES DUE TO (b) see age 100 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Apertures 4/10 X						INTERVAL BETWEEN ONSET AND DEATH about 4 days			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 3/23, 1949, to 3/24, 1949, that I last saw the deceased alive on 3/23, 1949, and that death occurred at 5 A.M., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) D. E. T. Taylor 0				23b. ADDRESS 3136 Chouteau				23c. DATE SIGNED 3/24/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 26, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.							
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE MAR 25 1949 J. B. Lusater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son - 3133 Bell Ave.											

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

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.