

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24715  
State File No. 6314  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1122 Talmage</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <b>Anna Cresswell</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Jul. 19, 1949</b> (Month) (Day) (Year)			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 7, 1881</b>		9. AGE (In years last birthday) <b>68</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS/OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>Unk</b>			13b. MOTHER'S MAIDEN NAME <b>Unk</b>			14. NAME OF HUSBAND OR WIFE <b>Joseph S. Cresswell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Cresswell 1122 Talmage</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, stomach</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Do Not Know</b>	
19a. DATE OF OPERATION <b>7/14/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma upper third stomach</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <b>X</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>Mo.</b>		21d. TIME OF INJURY _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>151X</b>							
22. I hereby certify that I attended the deceased from <b>7/11</b> , 19 <b>49</b> , to <b>7/19</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>7/19</b> , 19 <b>49</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) <b>Pierce W. Powers M.D.</b>				23b. ADDRESS <b>634 N. Grand - St. Louis</b>		23c. DATE SIGNED <b>7/20/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-22-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 20 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home, 6322 S. Grand Blvd.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

~~Dr. R. F. Martin~~ Dr. Bowers  
~~500 Chappin~~  
Fl 6017

Mohea 1106

**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 Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*David Van Fossen*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.