

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27948

318

1003

7591

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre		94	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital				d. STREET ADDRESS (If rural, give location) N.R. North Allen			
3. NAME OF DECEASED (Type or Print) a. (First) Donald		b. (Middle) H.		c. (Last) Cresswell		4. DATE OF DEATH (Month) (Day) (Year) August 30, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 22, 1931	
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 1 MIN. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Sam Cresswell			13b. MOTHER'S MAIDEN NAME Freda L. Helms			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam C. Cresswell, Bonne Terre, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) POLIO BULBO ENCEPHALITIC WITH RESPIRATORY FAILURE.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
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) 26			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 0800			
22. I hereby certify that I attended the deceased from 8-24-49 , to 8-30-49 , that I last saw the deceased alive on 8-30-49 , and that death occurred at 12:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. W. Cresswell				23b. ADDRESS ST. ANTHONY'S HOSPITAL		23c. DATE SIGNED 8-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-31-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 31 1949 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Elmo R. Padinell

Licensed Embalmer No. *4077*

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.