

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6108
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1159**

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

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
c. LENGTH OF STAY (in this place) 2 days		d. STREET (If rural, give location) 3222 Dodder St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital.			
3. NAME OF DECEASED (Type or Print) a. (First) Willard W.		b. (Middle) W.	
c. (Last) Creath		4. DATE OF DEATH (Month) (Day) (Year) Feb 4 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/27/1908
9. AGE (In years last birthday) 41		10. KIND OF BUSINESS OR INDUSTRY Bus. Agent, Teamster Union.	11. BIRTHPLACE (State or foreign country) Piedmont, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Willard W. Creath		13b. MOTHER'S MAIDEN NAME Lotta G. Ziegler.	
14. NAME OF HUSBAND OR WIFE Hazel Creath.		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. 495-18-3089		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. W. Creathm 3222 Dodder.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adrenal insufficiency - 2		INTERVAL BETWEEN ONSET AND DEATH 30 hrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. . . .		DUE TO (b) melanotic carcinoma	
		DUE TO (c) primary site undetermined unknown	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
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) 1948	
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 1-23-50 19 50 , to 2-4 19 50 , that I last saw the deceased alive on 2-4 19 50 , and that death occurred at 11 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Frank R. Bradley M.D.		23b. ADDRESS Barnes Hospital.	
23c. DATE SIGNED		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/7/50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. FEB 6 1950	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary. 4161 Lindell Blv.	

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

Robert T. Sample

Licensed Embalmer No. 4290

P. O. Address St Louis Mo

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.