

No. 300
10. 48

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6984

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 366

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

1. PLACE OF DEATH
a. COUNTY ST. Louis
b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond Heights
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) 2770 Venita Park, Ave., 4290
d. STREET ADDRESS (If rural, give location) 8235 Buchanan Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT b. (Middle) C. c. (Last) McCREADY.

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 8, 1951.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 13, 1880.

9. AGE (In years last birthday) 70 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) Sale Manager

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) ? Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John McCready

13b. MOTHER'S MAIDEN NAME Elizabeth Coffin

14. NAME OF HUSBAND OR WIFE Ethel McCready wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 492-10-1535

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel McCready 8235 Buchanan 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) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Coronary Sclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure 2 wks

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-27 1946 to 7-8, 1951, that I last saw the deceased alive on 2-7 1951 and that death occurred 2:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. Rex Shrader M.D.

23b. ADDRESS 2720 Washington

23c. DATE SIGNED 2/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 10, 1951

24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.,

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 2-8-51

REGISTRAR'S SIGNATURE Herbert R. Donk M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,

Dr. E. Lee Schrader,
3720 Washington Blvd.,
NE. 6146. 1-5 P.M.

STATEMENT BY LICENSED EMBALMER

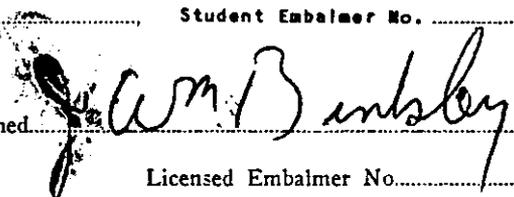
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No.

3650

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.