

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2986**
0047
Registrar's No. _____

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Mo.		c. LENGTH OF STAY (in this place) Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 22019		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2626 Glasgow Avenue			d. STREET ADDRESS (If rural, give location) 20 2626 Glasgow Avenue.		
3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) A. Walter c. (Last) Crees, M.D.			4. DATE OF DEATH (Month) (Day) (Year) Jan. 2nd, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July, 20, 1865		9. AGE (in years last birthday) 87 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MTH: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME William Jemmett		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William Carlin, 2030 East Harris 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Parenchymatous Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cystitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Arthritis		
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) None		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? 605X	
22. I hereby certify that I attended the deceased Jan 1 1953 , 19 Jan 1953 , 19 _____, that I last saw the deceased alive on Jan 1, 1953 and that death occurred at 4:30A m., from the causes and on the date stated above.					
23a. SIGNATURE E. A. Schweininger		(Degree or title) M.D.		23b. ADDRESS 4470 Natural Bridge	
23c. DATE SIGNED Jan 25 1953					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-4-1953		24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery	
24d. LOCATION (City, town, or county) (State) West Plains, Mo.					
DATE REC'D BY LOCAL REG. JAN 5 1953		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	

(Licensed Embalmers' Statement on Reverse Side)

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: Clement M. Mearns

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.