

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8300

State File No. _____

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0519

1. PLACE OF DEATH a. COUNTY Saint Louis		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) Carsonville,		c. LENGTH OF STAY (in this place) 1 Month		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home		d. STREET ADDRESS (If rural, give location) 4948 Leahy Avenue, 15, 1			
3. NAME OF DECEASED (Type or Print) a. (First) KATIE		b. (Middle) _____		c. (Last) CREASON	
4. DATE OF DEATH Feb. 12th, 1953		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 13th, 1859		9. AGE (In years last birthday) 93 # UNDER 1 YEAR Months Days # UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri U	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Theresa Thain	
14. NAME OF HUSBAND OR WIFE Late Harvey Creason		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Finn, 4948 Leahy Avenue, 15		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u> Antecedent Causes <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Due to (b) <u>Arteriosclerotic Heart Disease</u> Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Deaf, blind; arteriosclerotic dementia		INTERVAL BETWEEN ONSET AND DEATH 1 week unknown unk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>Jan 11, 1953</u> , to <u>Feb 11, 1953</u> , that I last saw the deceased alive on <u>Feb 10, 1953</u> and that death occurred at <u>1:30A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE Lewis Littmann, MD		(Degree or title)		23b. ADDRESS 8231 Clayton Rd (17)	
23c. DATE SIGNED 2/12/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/53	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 2-12-53		REGISTRAR'S SIGNATURE Hubert R. Domb - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	

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

P.T.

(Licensed Embalmer's Statement on Reverse Side)

FILE IN ST LOUIS COUNTY.

3 to 5:00 Pm (Monday)

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 John A. Mlinar

Licensed Embalmer No. 4186

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.