

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5804

State File No.

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1408 No. 2nd St.</u>		d. STREET ADDRESS (If rural, give location) <u>1408 No. 2nd St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lloyd</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Cregger</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb. 28, 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Nov. 24, 1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 1 HRS. Hours <u></u>	IF UNDER 1 HRS. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Walter Cregger</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Upson</u>	14. NAME OF HUSBAND OR WIFE <u>Inez Robinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-16-8628</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Inez Cregger, St. Charles, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arterio sclerosis 10 yrs</u> DUE TO (c)		
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: <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Erich Schuch M.D.</u>	23b. ADDRESS <u>St Charles mo 16 E. Jefferson</u>	23c. DATE SIGNED <u>May 2/54</u>
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24a. BURIAL INFORMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE OF BURIAL <u>March 3, 1954</u>	24c. LOCATION (City, town, or county) (State) <u>Hawk Point Cemetery Hawk Point, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 28 1954</u>	REGISTRAR'S SIGNATURE <u>Hannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallmeyer & Son</u>	ADDRESS <u>St. Char, Mo.</u>
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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

Frank R. Amaleng

Licensed Embalmer No. *4832*

P. O. Address *St. Charles, 7*

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.