

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24901**  
Registrar's No. **5715**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1328 Russell St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>De Paul Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Earl</u> c. (Last) <u>Creamer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 5, 1929</u>		9. AGE (In years last birthday) <u>26</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (State or foreign country) <u>Weaver, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>Alton BoxBoard</u>		11. BIRTHPLACE (State or foreign country) <u>Weaver, Ill.</u>	

13a. FATHER'S NAME <u>David Creamer</u>		13b. MOTHER'S MAIDEN NAME <u>Cleavie Englebert</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Creamer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes 1/16/51, 5/21/52</u>		16. SOCIAL SECURITY NO. <u>321246761</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Creamer</u> ADDRESS <u>1328 Russell</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Train Injury (traumatic)</u> ANTECEDENT CAUSES <u>Subdural Hemorrhage: suffered when cycle operated by decedent went out of control and struck utility pole, in Alton Illinois, about 9:50 p.m. June 9th 1956</u>		INTERVAL BETWEEN ONSET AND DEATH <u>32</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>9th 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>8214</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Alton Illinois</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 9 56 9:50 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. J... 3</u>		23b. ADDRESS <u>1300 Clark St.</u>		23c. DATE SIGNED <u>6/11/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/18/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Upper Alton</u>	
				24d. LOCATION (City, town, or county) (State) <u>Alton, Ill.</u>	

DATE REC'D BY LOCAL REG. <u>JUN 15 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Staten Funeral Home</u> ADDRESS <u>Alton, Illinois</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 10 1958

**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.....

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.