

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32730

State File No.

FILED SEP 27 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2174

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY OR TOWN <u>HEFTON</u>		c. CITY OR TOWN <u>HEFTON</u>	
c. LENGTH OF STAY (In this place) <u>35 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT 14-BOX 480</u>		e. STREET ADDRESS (If rural, give location) <u>RT-14-BOX 480</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDMUND</u> b. (Middle) <u>HENRY</u> c. (Last) <u>CRECELIOUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-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>JAN. 21ST 1866</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>PHILLIP CRECELIOUS</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE MUELLER</u>		14. NAME OF HUSBAND OR WIFE <u>OTTILIE CRECELIOUS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS OTTILIE CRECELIOUS</u> ADDRESS <u>RT 14-BOX 480 HEFTON MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Tongue and oral cavity</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>7/15/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Resection of tongue and lips for carcinoma</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a. 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 7-14, 1955, to 9-12, 1956, that I last saw the deceased alive on 9-12, 1956, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. X. Galotta</u> (Degree or title)		23b. ADDRESS <u>634 No. Grand, St. Louis 3</u>		23c. DATE SIGNED <u>9-13-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept-14-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD ST JOHNS CEM</u>		24d. LOCATION (City, town, or county) (State) <u>MEHLVILLE, MO</u>	
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DATE REC'D BY LOCAL REG. <u>9-14-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fey FUNERAL HOME, MEHLVILLE, MO</u> ADDRESS	
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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.....
Signature of Student Embalmer

Signed: *Justus W. Dittus*

Licensed Embalmer No. *4329*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.