

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11579**

BIRTH NO. **73159-56** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **261**

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

1. PLACE OF DEATH a. COUNTY ST LOUIS 4001		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN FLORISSANT c. LENGTH OF STAY (in this place) 6 1/2 mos.		c. CITY OR TOWN FLORISSANT 4051 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 245 ST. ANTHONY LANE		e. STREET ADDRESS (If rural, give location) 245 ST. ANTHONY LANE	
3. NAME OF DECEASED (Type or Print) a. (First) SHAWN b. (Middle) PATRICK c. (Last) CREAMER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 20 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 31, 1956
9. AGE (In years last birthday) 6 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME STEPHAN THOMAS CREAMER		13b. MOTHER'S MAIDEN NAME ALICE JEANETTE STEINER	
14. NAME OF HUSBAND OR WIFE NONE		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. NONE		17. INFORMANT'S SIGNATURE OR NAME STEPHAN THOMAS CREAMER ADDRESS FLORISSANT, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) STREPTOCOCCAL INFECTION OF THE THROAT (PHARYNGITIS) 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	
20. AUTOPSY? 0 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) 051X	
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?		22. I hereby certify that I attended the deceased from 3-18 , 19 57 , to 3-19 , 19 57 , that I last saw the deceased alive on 2-19 , 19 57 , and that death occurred at 3 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) In cholas c Kamakas MD		23b. ADDRESS 937 Air port Rd Ferguson	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-22-1957		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Gene Whitteuss ADDRESS FLORISSANT, Mo.	
DATE REC'D BY LOCAL REG. 3/21/57		REGISTRAR'S SIGNATURE Harbert A. Dombek	

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 *Gene St. Lutchess*

Licensed Embalmer No. *4966*

P. O. Address *Floresville, N.C.*

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.