

Health,  
Welfare  
Public  
Service

300  
1-56

Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**58-035015**  
STATE FILE NUMBER

SEP 22 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2251

1. PLACE OF DEATH a. COUNTY <u>St. Louis 15</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP and Inside limits Yes No) <u>Clayton 4th Wks</u>		c. CITY OR TOWN <u>St. Louis</u> Inside limits Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's</u> Length of stay in lb <u>3 Mon</u>		d. STREET ADDRESS (If outside, give location) <u>UNK.</u> Reside on Farm Yes No <input type="checkbox"/> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>MISS BONITA</u> First <u>McCREAKEN</u> Middle <u>McCREAKEN</u> Last <u>McCREAKEN</u>		4. DATE OF DEATH <u>Aug 27 1958</u> Month <u>Aug</u> Day <u>27</u> Year <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Vets Hosp.</u>	11. BIRTHPLACE (City and state or country) <u>Soronto Ill.</u>
13. FATHER'S NAME <u>Clyde Mc Beaben</u>		14. MOTHER'S MAIDEN NAME <u>Kryshendall</u>	
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>UNK.</u>	
17. INFORMANT <u>Edward Mc Beaben</u> Address <u>Clayton 5 Mo.</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 moe</u> <u>3+ moe</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u>		
DUE TO (c) <u>151.X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 1952 to Aug 1958 and last saw her alive on Aug 27, 1958  
Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George A. Make MD 22b. ADDRESS 950 Francis Pl. Clayton 5 Mo. 22c. DATE SIGNED 8-28-58

23a. DATE 8/30/58 23b. NAME OF CEMETERY OR CREMATORY Sunnyside 23c. LOCATION (City, town, or county) (State) Soronto Ill.

24. CORONER'S DIRECTOR John Kessly C. St. Louis ADDRESS St. Louis 25. DATE RECD. BY LOCAL REG. 8-28-58 26. REGISTRAR'S SIGNATURE Verbert P. Donk MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John Kasey.....

Licensed Embalmer No. 685

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.